

# ***Stockport Health Economy***

## ***4 Hour Target – Challenge and Recovery***

**Nicola J Baker, Director NHS Stockport , SMC**

**Rob Smith, Associate Director Medicine, SNHS FT**

**Darren Kilroy, Consultant, SNHS FT**

**NHS North West Emergency Care Review event**

**Wednesday 20th May**

**Reebok Stadium, Bolton**

# Aims: Presenting a review of the following

1. Stockport's Story 2008/09
2. What went wrong?
3. What we have learned?
4. Stockport whole system approach to sustaining the 4 hour target and improving the quality of Unscheduled care

# Stockport's Story over late 2008/09

1. What went wrong?
2. How did we recover?
3. What have we learned for a whole systems approach?

# Stockport's Story over 2008/09

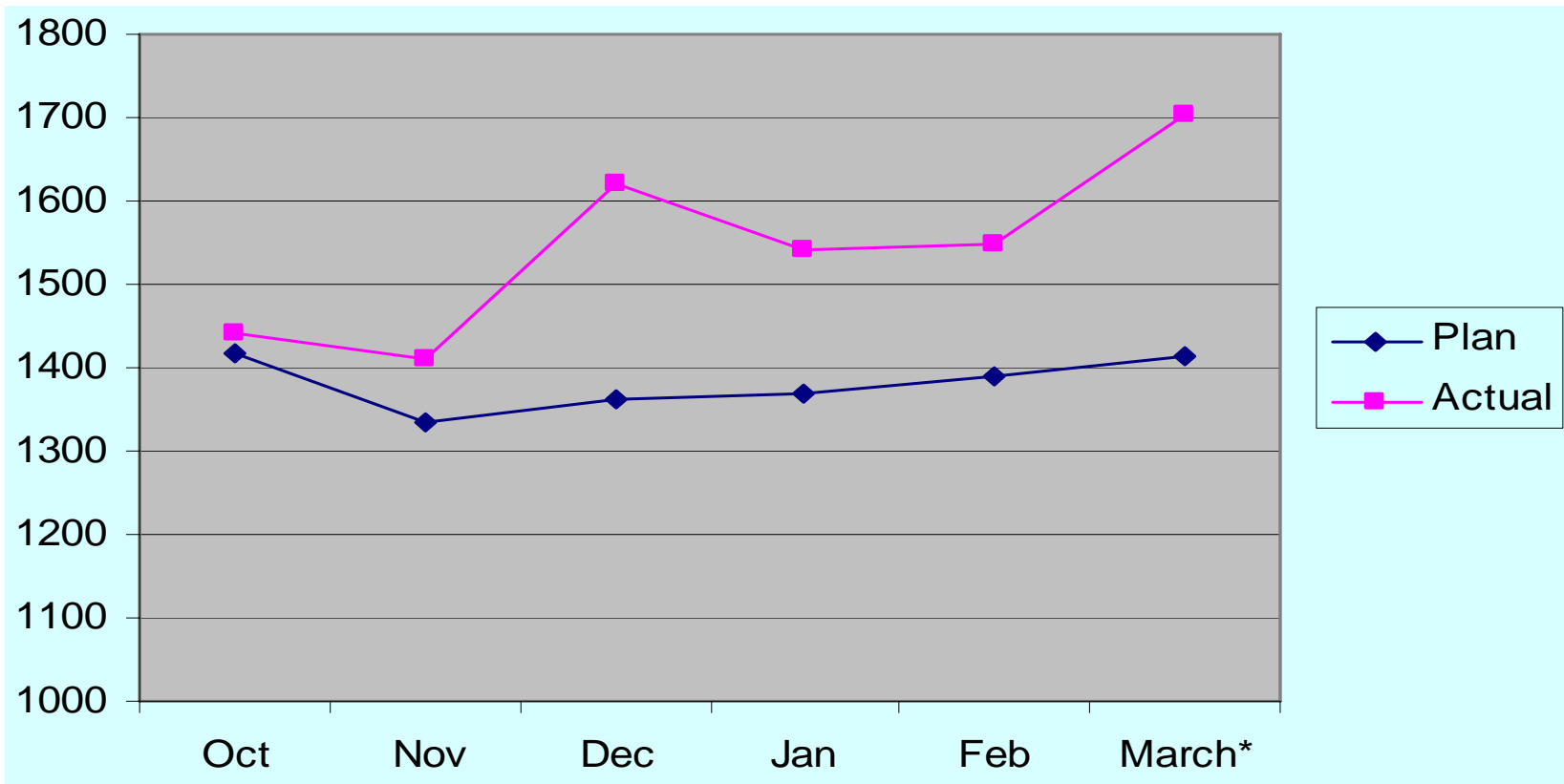
- Previously consistent performance
- Sudden dramatic deterioration in October 2008
- Continued problems through winter
- February – recovery of 4 hour target and maintained each week up to 20<sup>th</sup> May

# 1. What went Wrong?

- Increase in activity, attendances & admissions
- Planned Closure of Cherry Tree Hospital

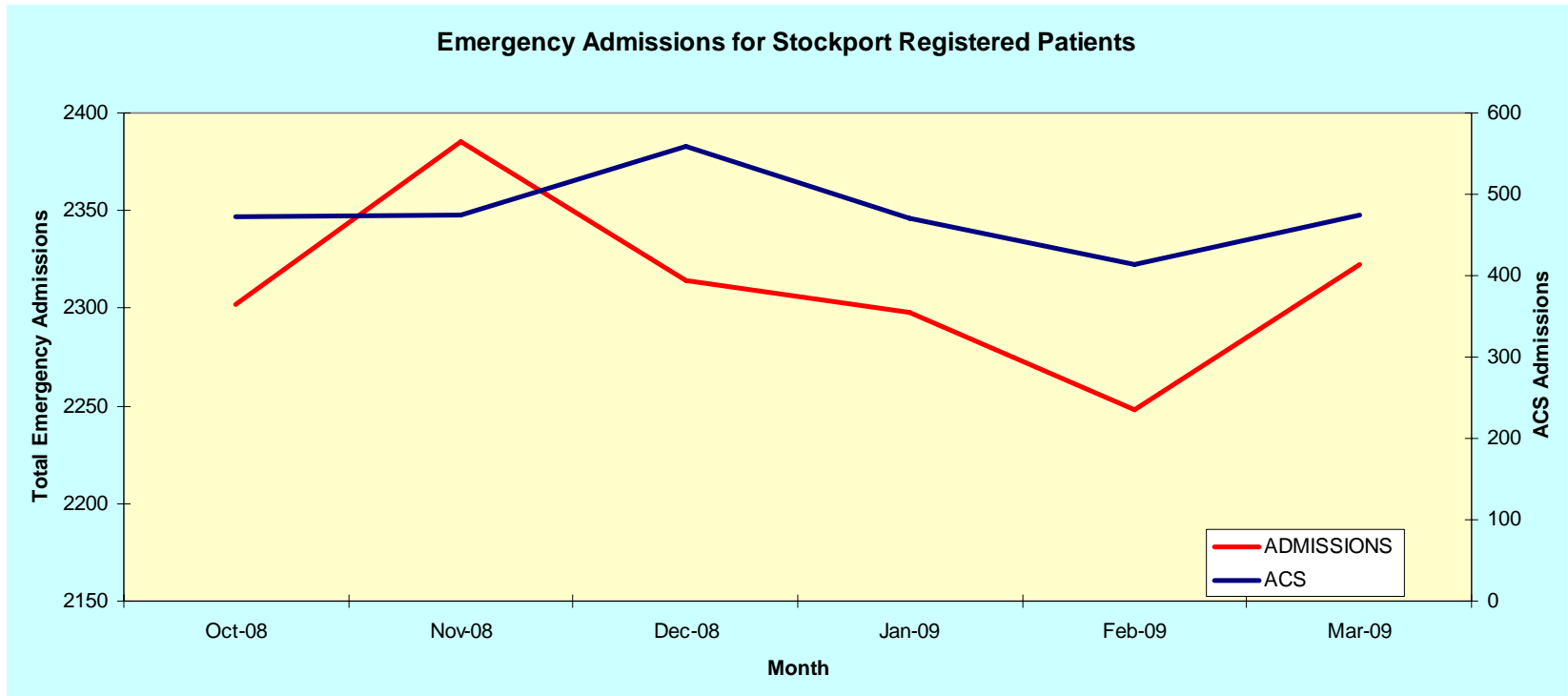
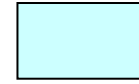
# 1. What went wrong?

## Problem of increased admissions not attendances



# 1. What went wrong?

## Understanding the demand

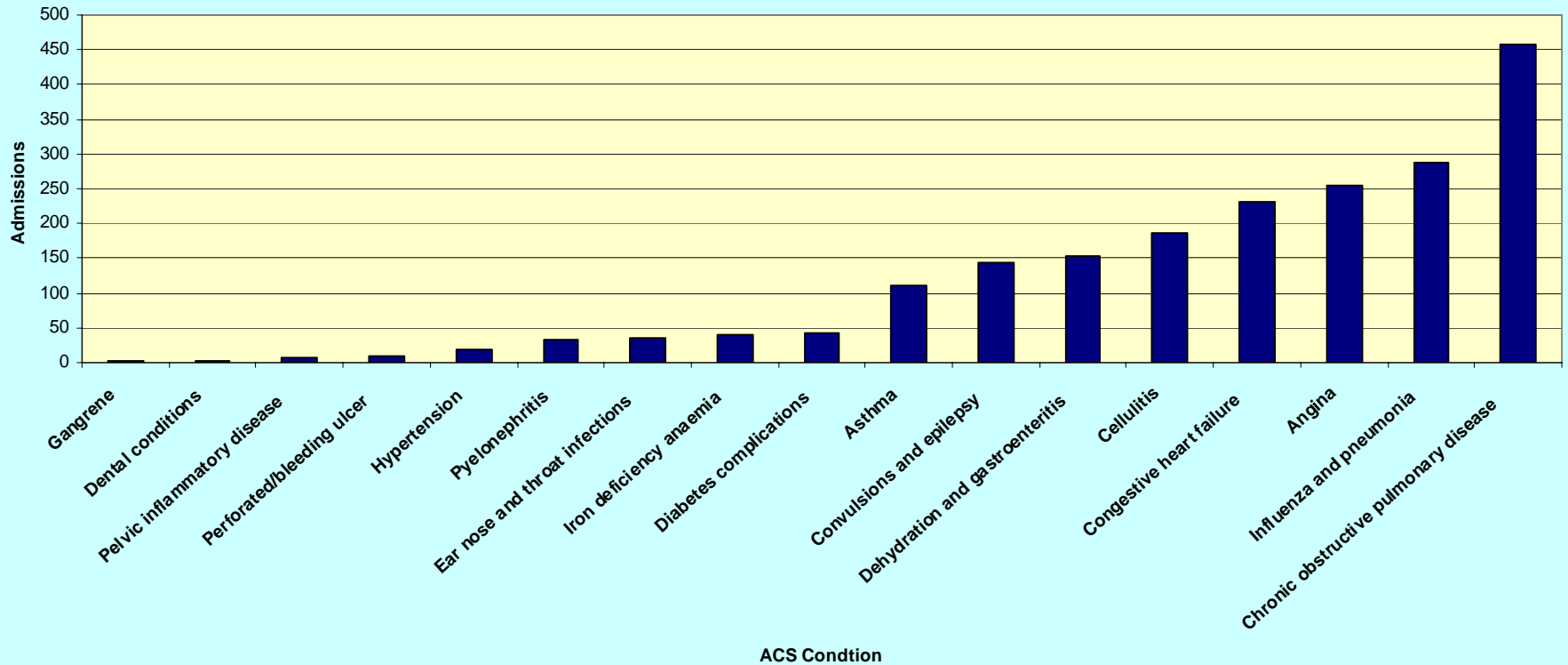


# 1. What went wrong?

- Source of the problem for increased demand
- Cold Winter?
- Flu?
- Increasingly elderly population – Underlying trend of increased admissions in previous 2 years

# 1. What went wrong? Ambulatory Care Sensitive Conditions

ASC Admissions for Stockport Registered Patients Oct 2008 - March 2009



# 1. What went wrong? – Other issues

## Impact of Cherry Tree Hospital

- Hospital for rehab of older people
- Agreed Planned for closure/re-provision in Autumn 2008
- HR Plan for closure required vacancies being held on main hospital
- Closure postponed due to increased demand
- Re-staffing Cherry Tree reduced ability of the hospital to create escalation capacity

## 2. How did we recover?

- CEO's Sponsorship
- A range of Stockport health economy initiatives introduced
- Clear and effective executive support to all initiatives
- Improvements to integration between medical and nursing teams
- Improvements to shift supervision and leadership
- Resilient and flexible patient focus

## 2. How did we recover? Effective initiatives

- Increased intermediate care
- Increased rehabilitation at home capacity
- GP supported discharge
- Senior medical review of potential admission in ED
- Increased ED consultant cover for senior decision making

## 2. How did we recover? Less effective initiatives

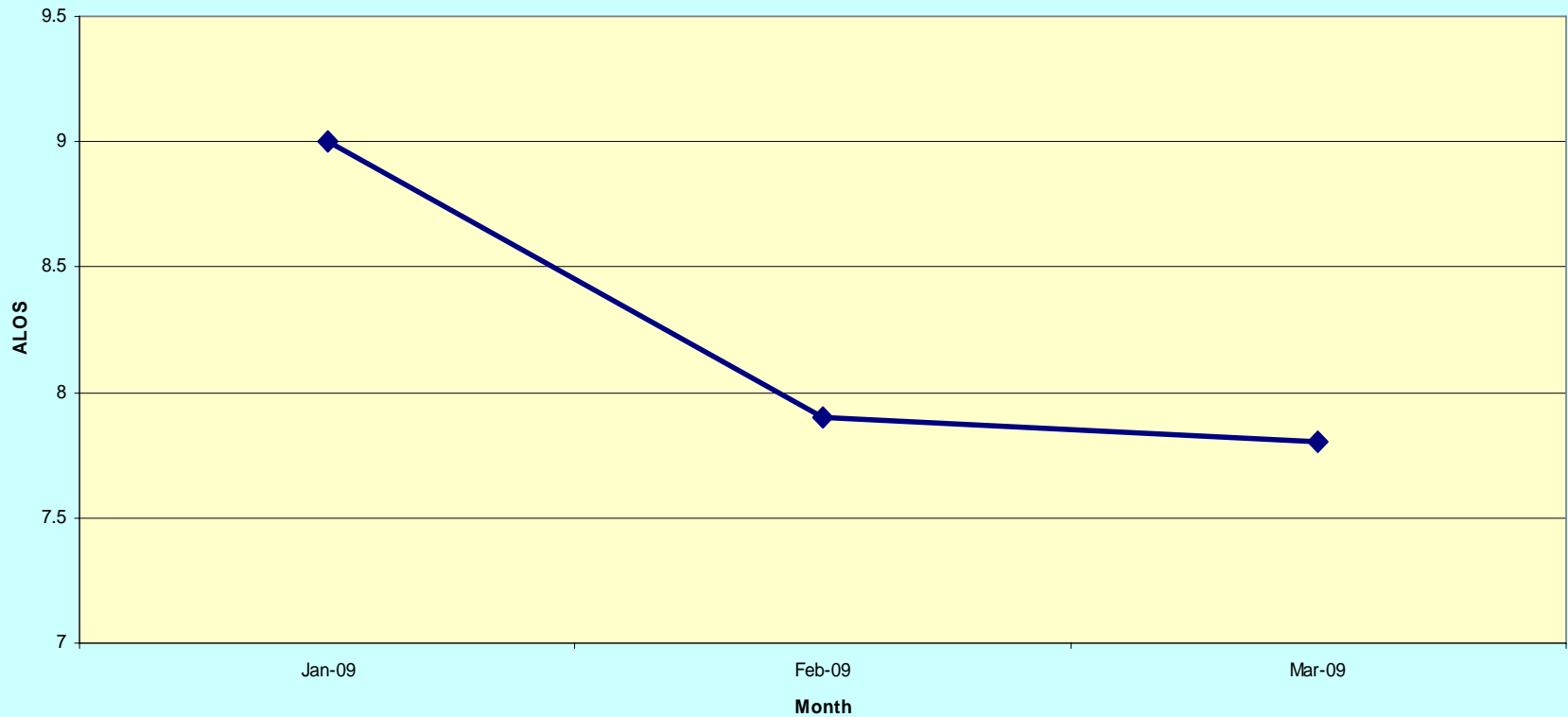
- GP's in ED
- Unplanned or haphazard increases in bed capacity – increase in beds outweighed by reduced ALOS
- Planned bed escalation capacity – lack of across health community

## 2. How did we recover? What really made the difference since February?

- Short Stay Acute Unit
- Expanded Admitting Medical Short Stay Acute Unit from 24 hours to 72 hours
- Converted existing beds to Short Stay Acute
- Twice daily ward rounds
- Aim to discharge directly from Short Stay Acute Unit

# Average length of stay

Medical Admissions ALOS



# What have we learned for a whole systems approach?

- Planned escalation capacity – plan for demand scenarios up to 15% increase
- Integrated Health Economy capacity plan starting earlier
- Short Stay Acute Unit – Fully established in time for winter 2009/10
- Don't plan to close bed capacity (Cherry Tree) in winter months!
- Need an aligned Urgent care strategy across the health economy

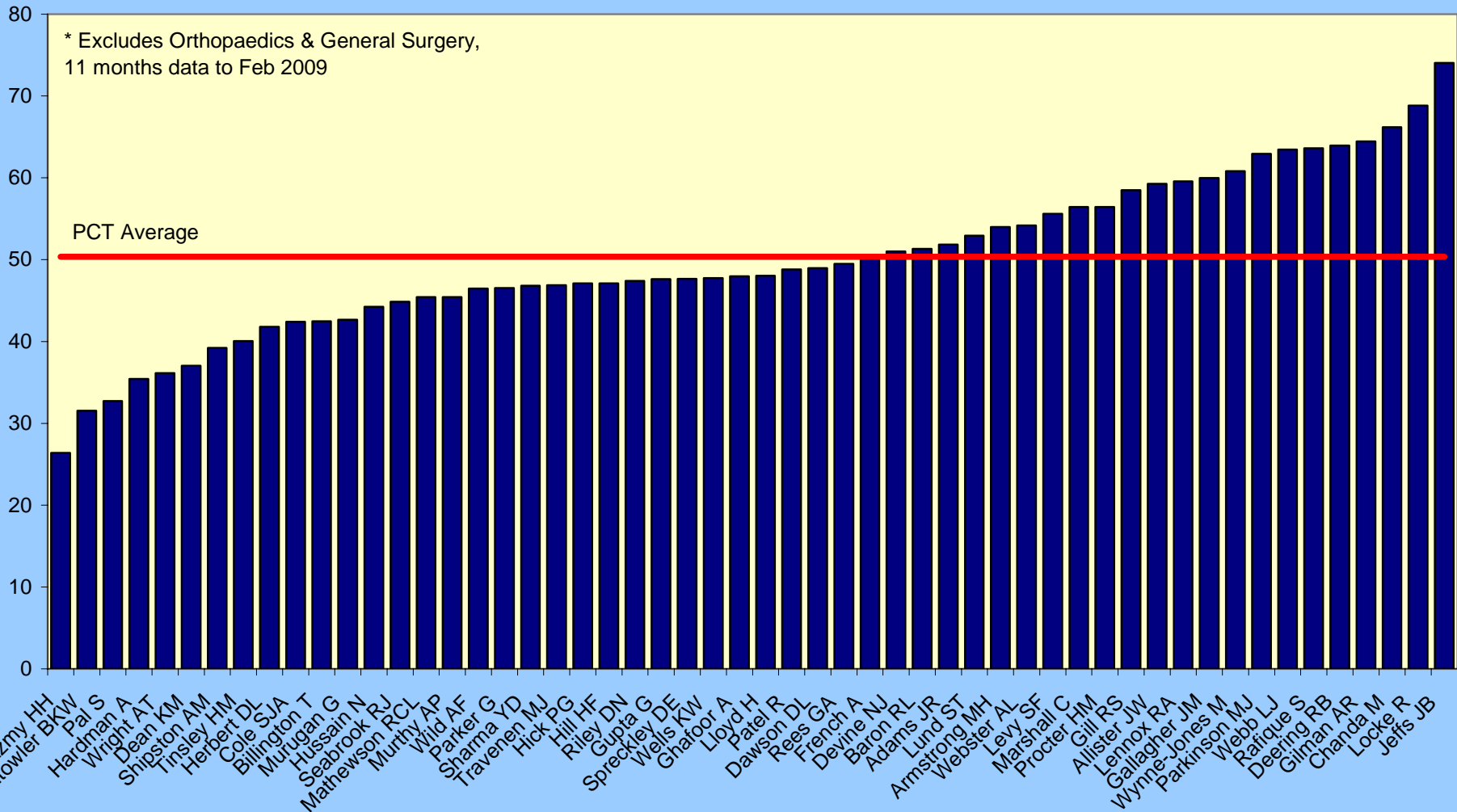
# Stockport's health community Urgent care System reform strategy

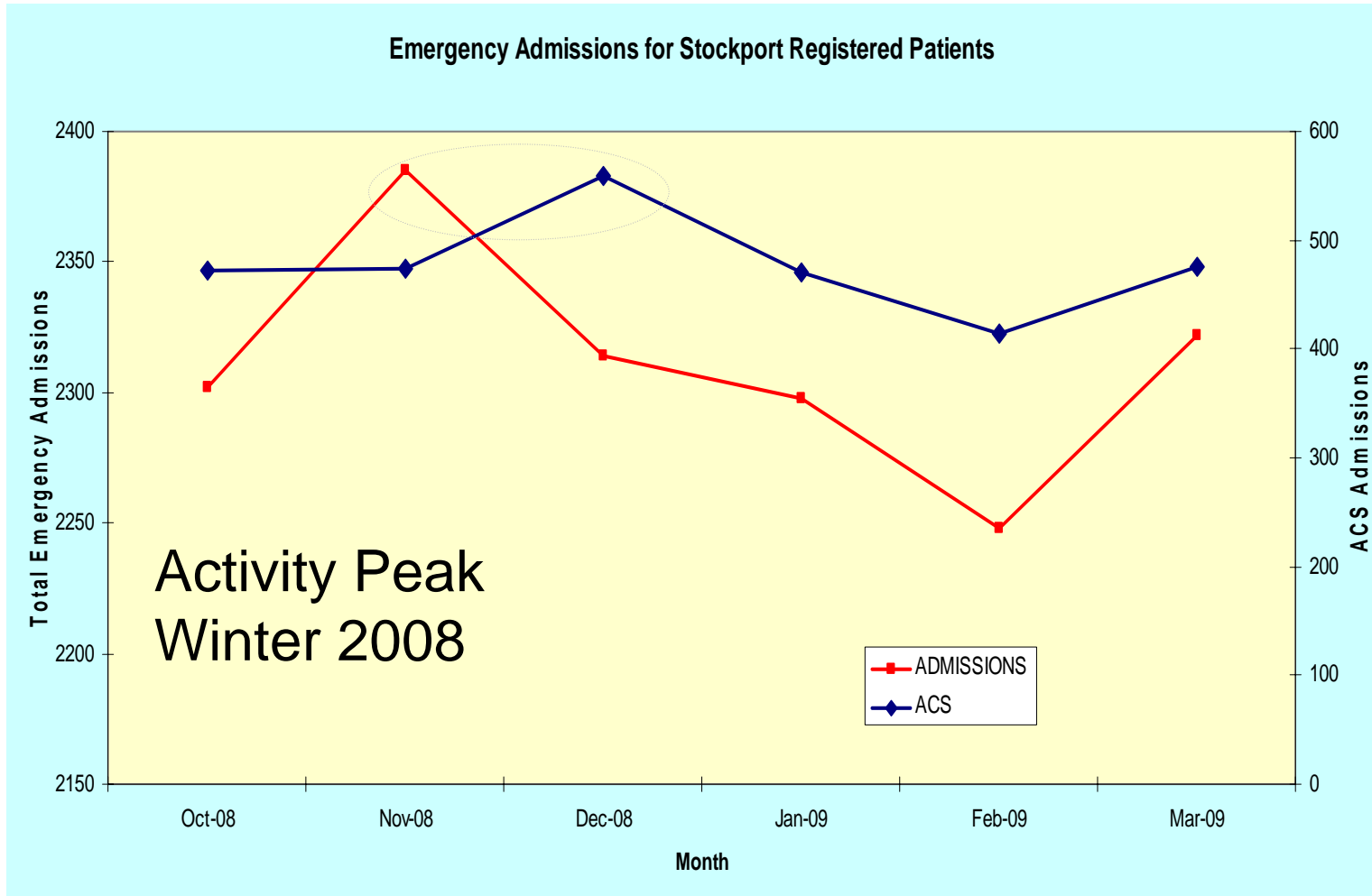
- All health and social care commissioners and providers share common strategy/values and information
- Collaborative and patient focussed approach to contracting and problem solving consistently taken
- Hospital stays are minimised, all care resources co-ordinated

Focussing on ;

**Stockport Primary care 'Early Intervention Service'**

Emergency Admissions 2008/2009 with a Length of Stay or 2 days or less\*





# Goes live 1<sup>st</sup> July 2009!



# Development Stockport Primary Care 'Early Intervention Service' (EIS)

- Commissioned via PBC – a Community based service staffed by experienced clinicians who can diagnose and manage a range of ACS conditions with the support of diagnostics e.g. x-ray and pathology tests
- Agreed end to end pathways across primary and secondary care ( e.g DVT pathway)
- GP, ACM direct referrals, from 8-11pm daily for next 2 years
- Provision of treatment / intervention / observation for a an average of 6 hours to facilitate treatment, drug therapies etc
- Run and managed by secondary and primary care clinicians



# Partnership

The service will be a partnership between the PCT and Foundation Trust for :

- Medical Workforce
- Radiographer support
- Pathology Diagnostic Equipment and Quality Assurance.
- Medical, Microbiology and Biochemistry Consultant support
- Academic Institute for Evaluation Project – University in Sydney, Aus.

# What will the Primary care 'EIS' deliver ?

- Support 4 hour A&E target performance over 98%
- Direct senior level clinician to clinician advice/ contact prior to admission to a chair for average 6 hours
- Care closer to home/ in the Community
- Better management Chronic disease
- Reduce unnecessary Emergency Admissions by up to 20% - 5% by 2010 (freeing up diagnostic time /bed days for utilisation in Elective work).

# Conclusion

## Whole Systems approach to Unscheduled Care

- Aligned Unscheduled Care strategy
- Senior Management and clinician lead 'Unscheduled Care Programme board' across the health economy- LA/NWAS
- Planning for different demand scenarios- Primary care signed up to the 4hrly target
- Clear commissioning intentions and efficiencies for an end to end strategy with an Integrated patient journey ( e.g COPD)