Health and Adult Social Care Overview and Scrutiny Committee

14 March 2024

Medway Community Healthcare

Report from: Martin Riley, Managing Director, Medway Community Healthcare
Author: Donna Rowell, Director of Transformation

Summary

To provide Members with an overview of Medway Community Healthcare's (MCH) current position of community health services provision.

1. Recommendation

1.1 The Health and Adult Social Care Overview and Scrutiny Committee are requested to note the contents of the report and supporting information and to provide any feedback regarding MCH services.

2. Budget and policy framework

2.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway.

3. Background

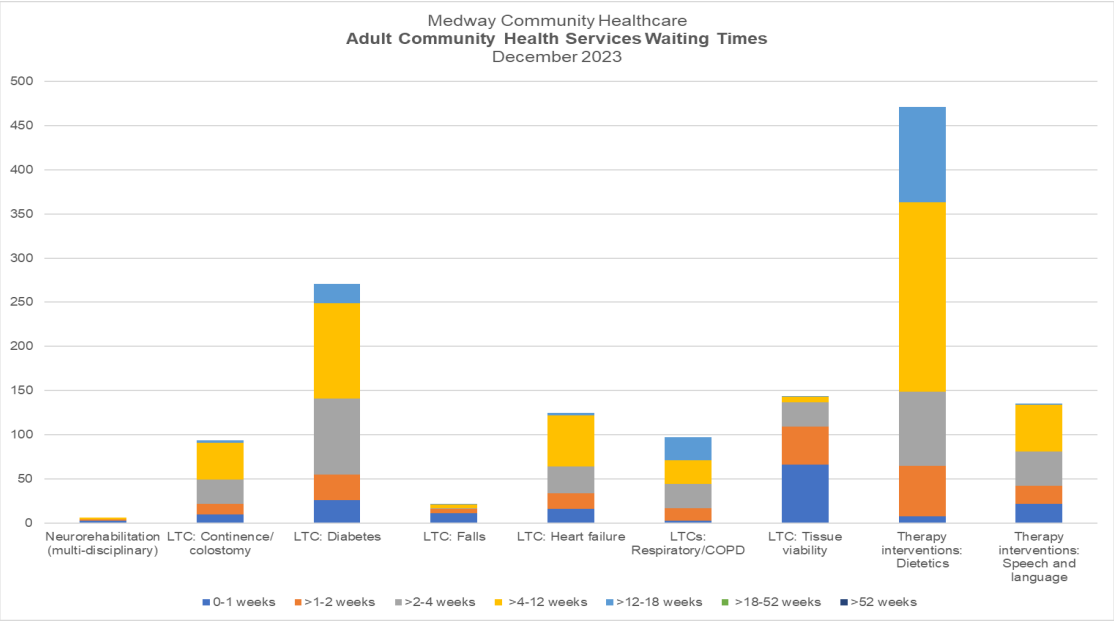
3.1 Medway Community Healthcare is commissioned for the delivery of community healthcare services in Medway and the wider Kent area, ensuring appropriate access to healthcare in line with local and/or national key performance indicators for planned, urgent care and community urgent response.

3.2 The following report provides details of the key organisational and service delivery including the current situation, issues and actions being taken to overcome the challenges.

4. Current Performance

4.1. Adult Community Services

4.1.1 The graph below provides an overview of the Community Health Services Waiting Times as reported nationally. The adult community services report their waiting times which are publicly available; the graph below provides an overview of the waiting times reported on 8th February 2024 reporting the December position.



Respiratory

4.1.2 The MCH Respiratory team have successfully appointed two Band 7 respiratory nurses to join the existing clinical team and will be instrumental in supporting the service to continue to reduce waiting times managing patients referred for community respiratory management.

Cardiology

4.1.3 The clinical team have noted a recent increase in the number of referrals for cardiology diagnostics and have seen advances in the new events recorders which are currently taking a little longer to interpret. However, MCH have recruited a further two Band 7 nurses and more of the cardiology team have been funded to undertake the ECG course, with three of the staff finishing the course in March. It is anticipated through the additional recruitment and training, this will have a significant positive impact on the ability to see more patients and support continued improvements.

Diabetes

4.1.4 MCH have recently had challenges with recruiting more staff to the diabetes team and the Diabetes Clinical Lead recently left the service, however the

Local Care team have now successfully recruited a new dietician who is actively completing the induction programme. The new lead will bring significant experience to the team and will be key in supporting with the review of the service and work on transforming the service and pathways which has historically seen higher levels of patients not attending their appointments (DNAs).

Therapies: Dietetics

4.1.5 The Dietetics team have been challenged with recruitment which has led to their current high waits; added to which we will be losing 3 further staff from mid-April which add to the current longer waits. The service has 3 posts which are actively being advertised and despite repeatedly advertising the role there have been no successful applicants. The dietetic recruitment is a national issue and our partners at Medway NHS Foundation Trust (MFT) also had difficulty recruiting; this has also impacted on increased referrals into the community service.

4.1.6 The clinical team have been looking creatively at how to recruit additional workforce in order to build our own teams in light of the national recruitment issues into these key roles. We currently have four Band 4 dietetic assistants and two have started an apprenticeship, with a further member of staff due to start next year. Whilst this is a positive way forward, it is going to take some time, however this is a positive step for the service and for the patients.

4.1.7 Whilst recognising the challenges in capacity, the service is working very efficiently with their resources to cover a big area for a small team - maximising clinics as much as possible. The service has been subject to high levels of DNA rates however through working in partnership with the Central Coordination Centre and introducing texting to book appointments and sending reminders, this has resulted in significant improvements over the 4-6 weeks and resulted in much improved clinic utilisation and more patients being seen.

Continence Service

4.1.8 The continence service has been rebranded as the Bladder and Bowel service and following the appointment of a new Bladder and Bowel lead, has been working collaboratively to explore the pathways and improve access. Through the transformation programme being systematically undertaken in MCH, the service has introduced patient self-referrals and easy access to complete essential information ahead of their appointment to help the clinical team with providing more timely access to manage their condition.

4.2. MedOCC

4.2.1 There are two aspects to the provision of the Medway On Call Care (MedOCC) service; the Urgent Treatment Centre (UTC) and the GP Out of Hours.

Urgent Treatment Centre

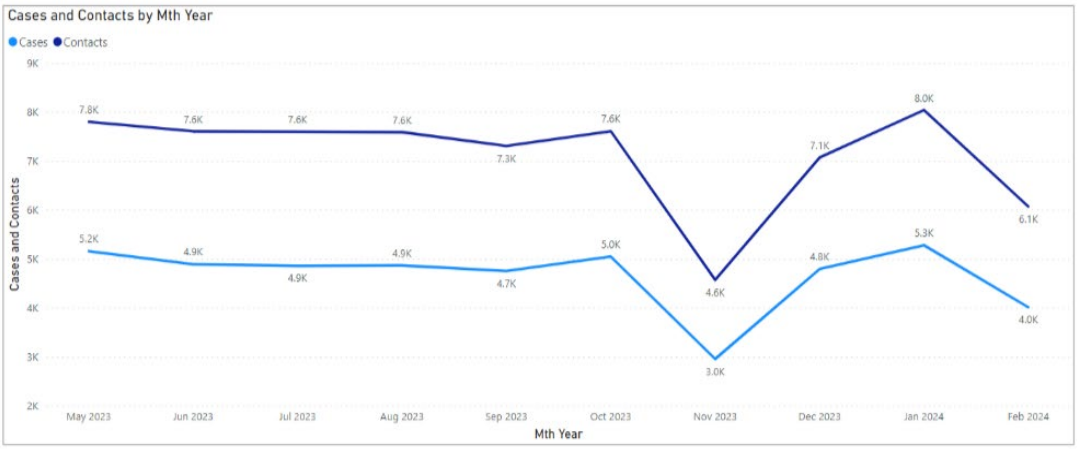
- UTC / ED walk-in patients (Type 3 performance / national 4-hour target)
- Receive 111 calls via direct access bookings for the UTC during primary care in hours – telephone and F2F consultations
- Receive SECAmb patient conveyance direct to MedOCC
- During peak demands in ED MedOCC clinicians attend ED and redirect patients to the UTC – e.g. assessing on ambulances.
- MedOCC provide the primary care support for Urgent Community Response (UCR).

GP Out of Hours

- Service provided 18:30-08:00 Monday to Friday and 24/7 weekends and bank holidays.
- Receive 111 calls via direct access bookings for primary care outside GP operating hours – Virtual & F2F consultations & home visits.
- Provide 24/7 clinical service for patients with DVTs and Cellulitis – F2F appointments and home visit assessments.
- Provide telephone advice to paramedics in SECAmb in/out hours to support signposting.
- Provide GP PLT cover – full primary care service for Medway and Swale ½ day per month.
- Provide the Hospice / palliative care hotline out of hours.
- Influenza A outbreaks in communal settings.
- Care home advice out of hours

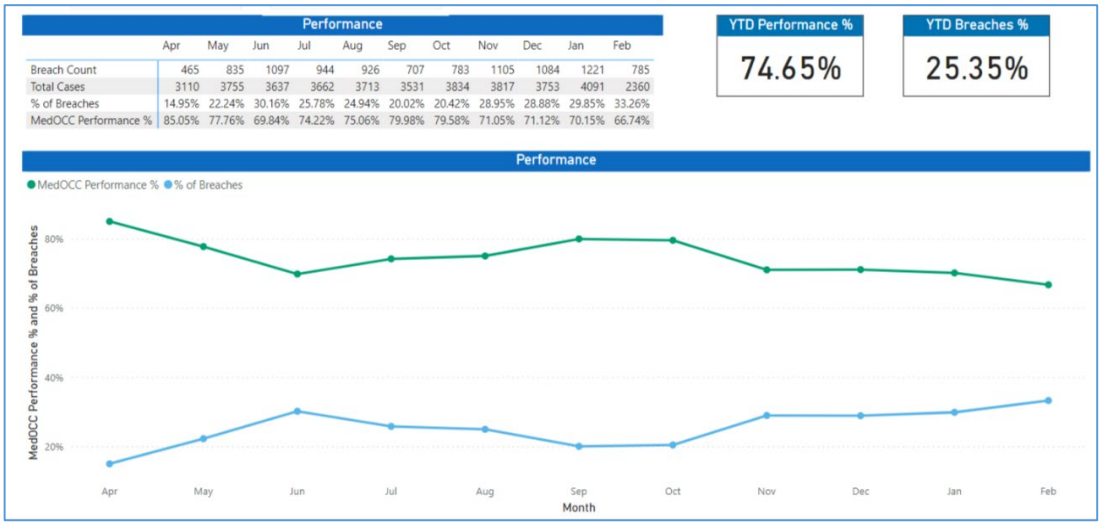
Urgent Treatment Centre Activity Levels

4.2.2 As demonstrated in the graph below, the UTC activity levels have been consistently high since May 2023, with activity levels beyond contracted activity.



Type 3 Performance

4.2.3 In September 2020 as an emergency system we launched Direct Appointment Booking (DAB) with 111 which won the Medway and Swale Health and Care Partnership, a Health Service Journal Partnership Award. With the introduction of DAB 111 it was expected that this would reduce the footfall to ED due to the change in patient behaviours by phoning 111 first rather than attending ED. However, despite the increase in the number of 111 calls to the UTC there has been no decrease in the number of ED attends.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Breach Count	465	835	1097	944	926	707	783	1105	1084	1221	785
Total Cases	3110	3755	3637	3662	3713	3531	3834	3817	3753	4091	2360
% of Breaches	14.95%	22.24%	30.16%	25.78%	24.94%	20.02%	20.42%	28.95%	28.88%	29.85%	33.26%
MedOCC Performance %	85.05%	77.76%	69.84%	74.22%	75.06%	79.98%	79.58%	71.05%	71.12%	70.15%	66.74%

4.2.4 Whilst MCH are commissioned to see 145 patients per day, there are generally higher levels than commissioned number of patients being seen each day. Concern has been raised about the non-achievement of Type 3 performance as a system however on review of the causes of the breaches of the target it has been observed that 51.6% of the breaches are contributed by patients taking >30 minutes to come from ED to the co-located MedOCC service as well as a number of patients having already breached the 4-hour target before arriving in MedOCC.

4.2.5 To illustrate the MCH challenges of achieving the Type 3 performance, two sample dates were selected to explore the contributory factors; a high level overview as highlighted below:

13/02/2024 there were 57 breaches in total of which:

- 29 patients took >30mins to arrive
- 13 patients took >1 hour to arrive in MedOCC from ED
- 5 patients were >2 hours, and
- 2 patients took over 3 hours.

4.2.6 A similar finding was noted on 19/2/2024 when there were 72 breaches of which:

- 40 patients took >30mins to arrive in MedOCC from ED
- 13 patients took between 30mins – 2hrs
- 23 patients >2 hours
- 4 patients took over 3 hours to arrive

4.2.7 As well as the delays in patients reaching MedOCC, the acuity or complexity of patients has increased resulting in consultations increasing from 20 minutes to 35 minutes.

4.2.8 Also, it is important to note that approximately 20% of patients triaged to MedOCC from ED are subsequently assessed and determined they need to be referred into MFT for acute management. When referring to the acute it can take up to 3 hours for the patient to be accepted by the relevant service, during which time the waiting time clock continues.

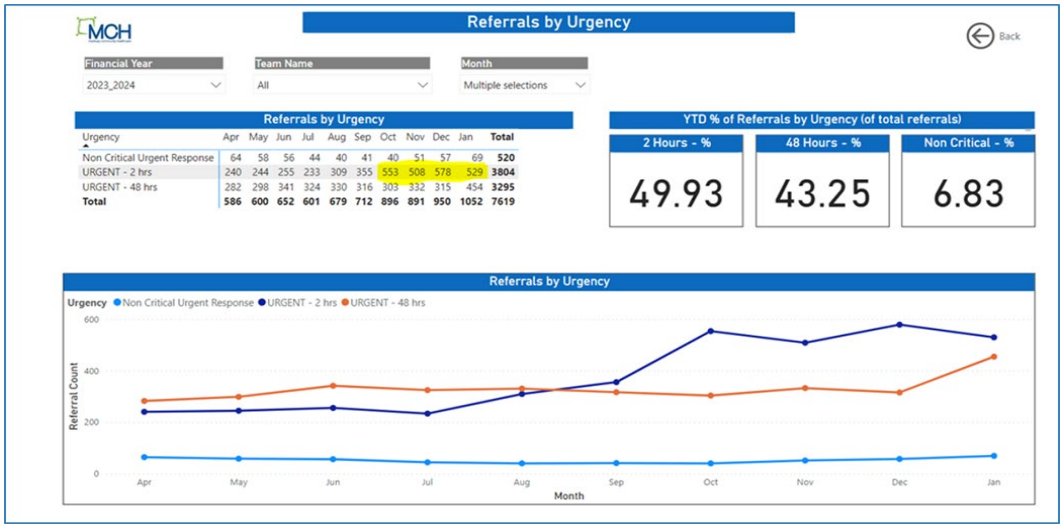
4.3. <u>Urgent Community Response</u>

4.3.1 The Urgent Community Response service is a service provided 7 days a week from 8-8pm and was launched with the purpose of:

- Admission Avoidance as the primary function
- To keep the people of Medway in their own home
- Identify and treat an acute episode of ill health
- Arrange wrap around services in an MDT approach
- Complete onward referrals to voluntary sector and specialist services
- Provide intensive Advanced Clinical Practitioner support for 72hrs with the ability to refer for long term support to proactively manage a person and prevent decline in health & ensure quality of life
- Deliver up to 6 weeks of Therapy and Care Management support
- Provide a 4-hour response to patients with Dementia Crisis.

4.3.2 The referrals into the service are continuing to increase month on month, with referrals being received from: GPs, SECAmb, Care Homes, Health Care Professionals, MedOCC, Carers, Social Care, Voluntary Sector and from patients themselves.

4.3.3 As seen in the graph below, there are two targets monitored; 2-hour response and 48-hour response. The national target for the 2-hour response is 85%.



4.3.4 Whilst we the Urgent Community Response service have not achieved the 85% target since April 2023, 7734 people have avoided the need for acute admission due to UCR intervention:

- 93.06% avoided admissions due to the 2-hour response (YTD)
- 94.55% avoided admission due to the 48-hour response (YTD)

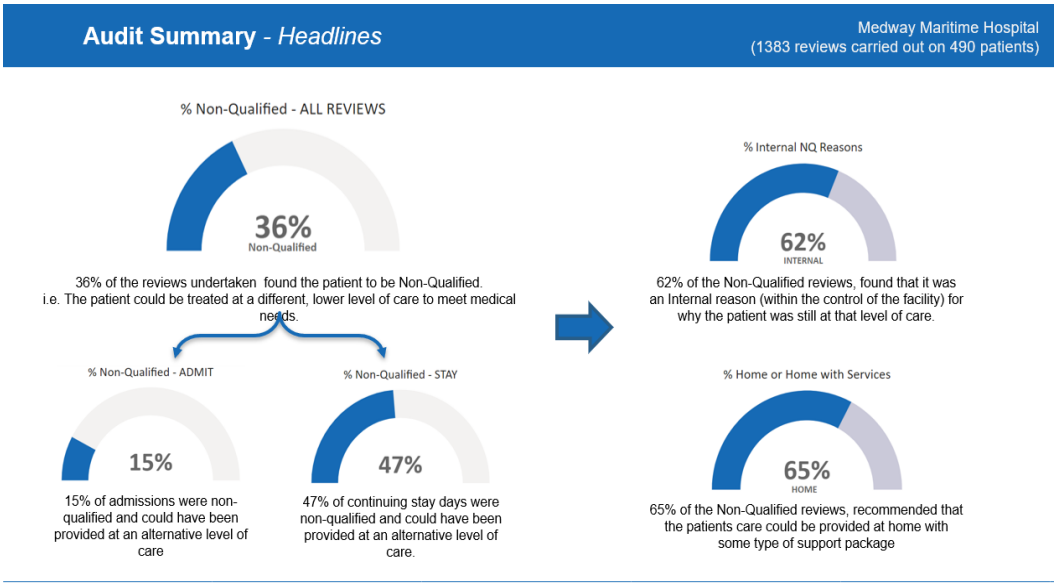
4.3.5 MCH are actively recruiting more staff into the Urgent Community Response to actively respond to the month on month increasing activity levels and improve access and waiting times for patients.

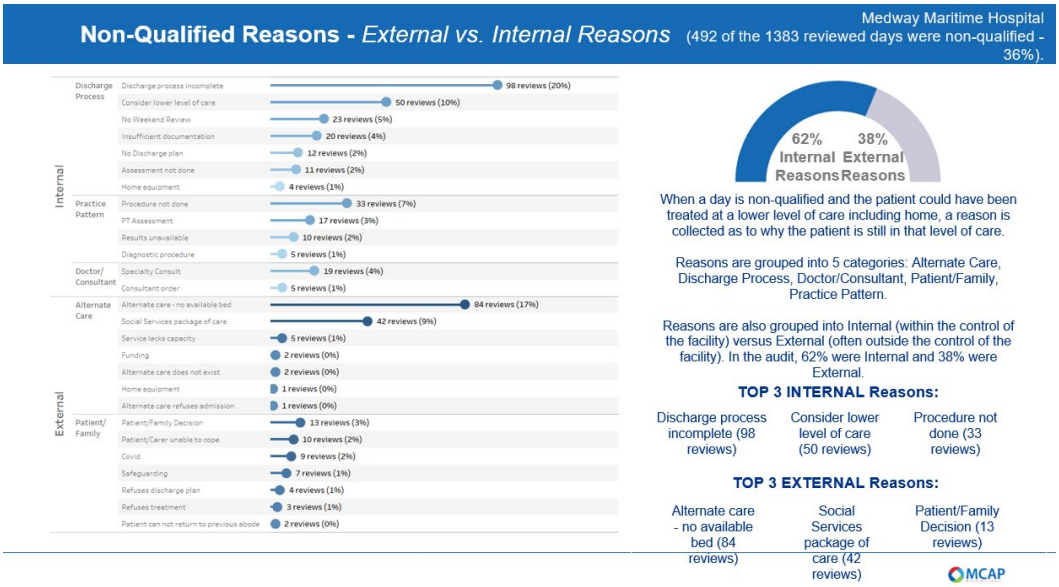
4.4. <u>Discharge</u>

4.4.1 Currently MFT are reporting higher levels of patients remaining in the Hospital who have been identified by clinicians as having no criteria to reside in the Hospital. This is a significant concern both for the patients currently in the acute and for patients needing to be admitted, therefore Hospital Discharge is a high priority for all system partners within Medway and Swale.

4.4.2 To support the system with understanding the root cause of the delays to patient discharge, an independent audit was undertaken by MCAP (an external organisation) to explore as system partners how we could look at improving discharge processes. Any improvements identified would enable the appropriate partner to complete their actions resulting in a reduction in the number of patients remaining in the acute reported as No Criteria to Reside.

4.4.3 Details on the summary of the Audit Outcome are shown in the illustrations below:





4.4.4 During the audit 1383 reviews were undertaken of 490 patients and it was noted that:

- **38% of patients** could have had their care provided in an **alternate location**
- **62% of patients** (equiv. 330 patients) were **delayed due to internal reasons** – reasons include:
    - delay in medication for the patient to take home
    - patient transport
    - appropriate discharge documentation
    - no weekend reviews.

5. Transformation Change

Digital First

5.1 MCH are looking at innovative ways to interact with patients to improve their access and move to a digital front door to the community services. MCH are looking to introduce a patient portal to support patients in having digital access to their patient journey giving patients the opportunity to view their appointments in one place, their appointment outcomes, literature including videos where appropriate to support their treatment plans. In addition, it will provide a platform for patients to communicate via 2-way texting with the clinical service as well as support self-referrals. Providers who have introduced this facility have seen significant patient benefits, patient activation and empowerment and efficiencies to their organisation, including much lower DNA rates.

5.2 Whilst MCH are adopting a Digital First approach, we are cognisant that digital platforms are not suitable for all people interacting with our services therefore for patients who do not have this capability or digital access and to ensure equity, MCH will continue to provide patients access to book and manage their appointments through the Care Coordination Centre via interaction with our call management centre by traditional telephony access.

Integrated Neighbourhood Teams

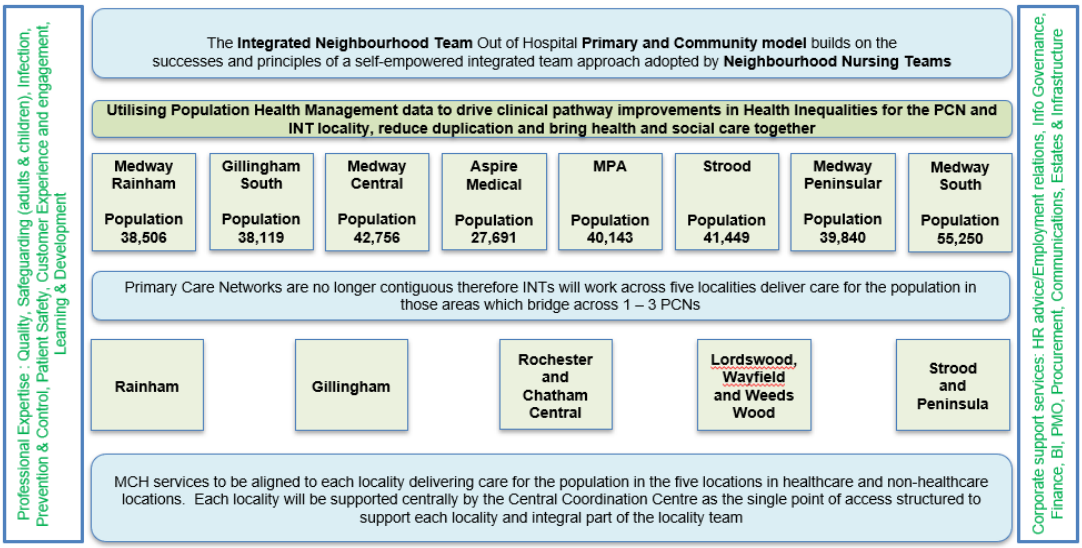
5.3 Medway Community Healthcare are actively reviewing their structure and looking at future form to align with the emerging health and care vision.

5.4 In line with the vision of Integrated Neighbourhood teams (INT), building on the success of collaborative working with primary care, and adopting a self-empowered and integrated team approach, a new operating model is under development to deliver integrated, person centred care out of hospital to achieve the following aims:

- reduce admissions
- provide earlier, safe discharge
- provide in-reach care to improve continuity and outcomes
- organise services to support a joined-up approach to address individuals social and health needs.

5.5 Widescale transformation will be managed through the INTs with clinicians and supporting teams and effective leadership to address clinical pathways, drive efficiencies, enhanced ways of working and achieving health improvements for their local population based on population health need.

5.6 With Primary Care Networks no longer having member practices co-located, consideration has been given as to how MCH can coordinate and organise services to enable an Integrated Neighbourhood Team approach with primary care. As seen in the illustration, MCH are planning their approach based on five locations: Rainham, Gillingham, Rochester and Chatham Central, Lordswood, Wayfield and Weeds Wood, Strood and Peninsula.



5.7 MCH are presently giving much consideration as to how to structure community services to best deliver care to patients and residents at a locality level ensuring equity of access, localised delivery and balancing workforce and sustainable services based on health needs. Much of the clinical design and transformation will be based on the clinical needs and addressing health inequalities highlighted through the population health analytic data; especially in the long-term conditions, including mental health and frailty.

5.8 Large transformation programmes will be enabled through the neighbourhood teams working collectively to deliver change, reshape clinical pathways and streamline to provide pathways of excellence through the codesign amongst clinicians and the voice of the individuals representing their localities. Working through INTs will be the channel to enable the changes required to deliver health care in the future.

Medway and Swale Health Hub

5.9 One key element of working collaboratively is the provision of the Health Hub to improve access to primary care. Primary care activity increases year on year with primary care seeing the largest volume of NHS activity. In Medway and Swale, there continues to be much lower levels of GPs per 100,000 population compared to Kent and Medway and nationally; with significant challenges with being able to recruit or retain GPs, therefore, a different model to support primary care is essential.

5.10 The Medway and Swale Health Hub is a clinically led and designed model which was launched in May 2022 initially supported by NHS digital funding from the Kent and Medway Integrated Care Board (K&M ICB). The proof of concept was to assess whether a central hub could support higher levels of online consultations working in conjunction with primary care practices.

5.11 Following the initial funding from the ICB and the recognised success of the service for both patients and supporting access in primary care, it was

essential to identify with primary care ongoing funding as a centrally funded option was not possible. Working with primary care Clinical Directors and MCH as the hosts of the Health Hub, in November 2023 we collectively commenced the relaunch of the Health Hub following a short pause; utilising funding allocation through Additional Roles Reimbursement Scheme (ARRS) funded roles as the ARRS roles were launched in 2019 as part of the government's commitment to support improved access to primary care.

5.12 The Health Hub continues to deliver positive outcomes for patients and primary care with managing online consultations and has demonstrated the following benefits:

- 100% are triaged and managed on the day of receipt of the eConsult
- 80% of patients are discharged on the day with no further input required from primary care
- 9% of patients referred to their practice for management of needs – long term follow-up, physical care
- 1% patients required escalation to ED / Urgent Emergency Care
- 3% of patients were referred directly into secondary care services
- 1% have been referred directly into community pharmacy services
- Remaining patients are referred into other services, including community health services.

5.13 Currently the Health Hub are actively working with one of the Clinical Directors to fully embrace the recently launched Pharmacy First programme to improve patients' efficient and timely access to pharmacies who are part of this initiative to treat patients for 5 specific conditions.

5.14 The Health Hub is an excellent example of how clinical leadership, collaborative working and a partnership approach can support primary and community services and is central to working in an Integrated Neighbourhood Team approach.

5.15 Next steps for the Health Hub are the continued expansion to provide the online consultation service to other areas within Medway and Swale and possibly expand to providing other services to underpin an INT central hub approach. However, receiving sustainable funding is key to its success.

5.16 NHS England primary care team have shown significant interest and provided their support of the Medway and Swale Health Hub model and recently requested a case study about the Health Hub. This was developed and submitted to NHS England and are currently awaiting the outcome of the review.

<u>Discharge</u>

5.17 As outlined earlier in this paper current discharge processes were inadequate to deal with the demand. The current model is a reactive system that does not have processes in place to enable forward planned discharges. Of the 490 patients who were identified as Non-Qualified (NQ) only 19% had a discharge plan started.

5.18 The audit also found that for acute patients 62% of issues regarding alternatives to care are within the control of the facility and 38% are external to the facilities and this proportion will increase as internal issues are solved.

5.19 All system partners are now supporting that we undertake a realignment of roles and responsibilities and move towards the national model of a transfer of care hub (TOCH). The TOCH will be designed to streamline transitions between acute and community care settings.

5.20 MCH will provide an in-reach model and Discharge to Assess (D2A) model for pathways 1-3 allowing MFT to focus on pathway 0 (simple discharges managed by the hospital). This model will utilise joint roles and will be designed to support a discharge to assess approach. This will be supported by the implementation of a process that starts discharge planning upon admission by MFT.

5.21 To support this option, all therapy services at the front door would move under the umbrella of the community team at MCH. The model will be further enhanced by virtual wards and community geriatrician roles.

Urgent Treatment Centre (UTC) provision

5.22 As described earlier there are two aspects to the provision of the Medway On Call Care (MedOCC) service; the Urgent Treatment Centre and the GP Out of Hours service. It is felt that the separation of these services would improve performance and therefore patients.

5.23 MCH and MFT are jointly working on developing the model which will separate the functions, with the UTC element becoming integrated into the ED service operated by MFT.

5.24 The ICB have recognised that there are a range of different models for UTCs across Kent and Medway. To that effect MCH have recently been told that the ICB wishes to carry out a procurement for UTC services across the Medway and Swale locality. We are currently working with the ICB as this may cause a delay in implementing the shared model that MFT and MCH have developed.

6. MCH Challenges

6.1 As an organisation MCH faces additional challenges due to local and national pressures; due to rising costs for fragile services and the impacts of the recent national pay awards.

Fragile Services

6.2 MCH have lobbied and submitted business cases to the ICB for on-going cost pressures. Many of these were first raised with Medway Clinical Commissioning Group (CCG) and have become bigger pressures year on year. The cost pressures for the fragile services amounts to approximately £2m.

Tissue and Wound Care

6.3 MCH have diverted funding for about 30wte nursing posts to deliver and cover the increased wound care activity which is not been undertaken in primary care.

Children's Swale

6.4 Demand for Children's Speech and Language and Physiotherapy services continues to rise far in excess of contract funding levels. Waits continue to rise with the expansion of specialist schools.

Palliative Care Swale

6.5 Current activity needed to support Swale residents far in excess of contract funding.

Continence Products

6.6 The increased costs for the continence service have been due to significant inflationary cost rises in products and the demand for products.

Continuing Health Care End of Life carers

6.7 Due to the increase in staffing costs MCH are needing to reduce the number of hours we provide to remain within the block funding. MCH received an extra £130k for 2023/24, to bridge the impacts of the increased costs however this was only on a non-recurrent funding basis and did not cover all additional costs.

Dynamic Mattress Service

6.8 As more patients are being discharged earlier from hospital, MCH are needing to provide additional mattresses (in and out of hours) to the patient's place of residence and for longer periods of time than previously required. These demands have led to additional cost pressures for the costs of the mattresses and for staffing to be able to respond to meet the quick turnaround times to support patient discharge from the hospital.

Pay awards

6.9 MCH has been impacted considerably by the initial NHS decision to not fund the non-consolidated pay award for 2022/23 at a cost of £2.5m. MCH made the very difficult financial decision to fund this which has impacted significantly on working capital and capital plans. MCH does not receive NHS capital funding, unlike NHS Trusts. MCH along with other Community Interest Companies (CICs) have taken the Department of Health and Social Care to Judicial Review to pursue equitable treatment with NHS bodies employing staff on the same contractual terms and conditions.

6.10 MCH still await a response to its funding application sent in December despite it passing all criteria.

Doctors Pay awards

6.11 MCH still await funding for the 0.7% doctors pay ward £240k from the ICB paid to NHS Trusts and other healthcare CICs nationally as well Children's contract pay uplift funding received by the ICB on behalf of public health commissioning.

7. Risk management

7.1 There are no significant risks to the Council arising from this report.

8. Financial and legal implications

8.1. There are no financial or legal implications to Medway Council arising directly from the recommendations of this report.

Lead officer contact

Donna Rowell
Director of Transformation
Medway Community Healthcare
01634 334622
Donna.Rowell2@nhs.net

Appendices

None

Background papers

None