

Winter Preparedness

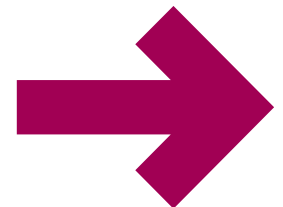
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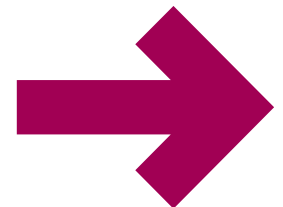
Overview of Presentation

- Winter preparedness – how do we prevent, how do we manage and reduce pressures, how do we cope when pressures increase, is there capacity if a major incident occurs.
- Preparedness of Hospitals (including ambulance handovers at Hospitals /delays) and GP's in the Tees Valley (including impact on social care)
- Local awareness campaigns (stay safe, stay warm).



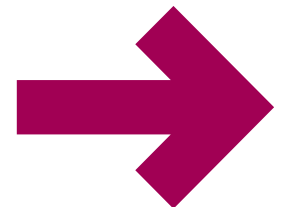
Planning for Winter (1)

- Winter comes around every year.....**BUT**
- Some winters are more challenging than others
- Demand – or ‘Surges’ – for health care can vary throughout the year
- Preparation for the following winter, and other Surges, begins almost as soon as the previous one finishes
- Planning involves all health organisations as well as Local Authorities



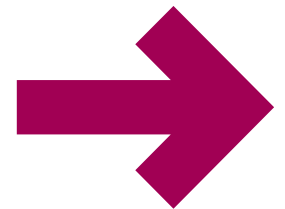
Planning for Winter (2)

- Learning from previous Winter(s) with a number of key questions:-
- *Evaluation of key projects and impact?*
- *How effectively were resources deployed?*
- *Were the key targets met – such as 95% A & E attendances within 4 hours – and if not why not?*
- *How did organisations work together and what could have been done better?*



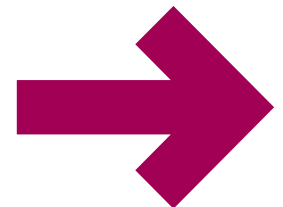
Planning for Winter (3)

- Each organisation has its own 'Winter Plan' – operations, staffing, what they will do in adverse weather etc.
- For each health economy a System Resilience Group (SRG) is in place to have collective oversight of the various partners and their plans, including Local Authorities
- Additional Resources made available by NHS England to help SRGs coordinate and manage winter pressures
- Detailed Assurances in place of policies, plans and resource allocation for winter, along with scenario testing



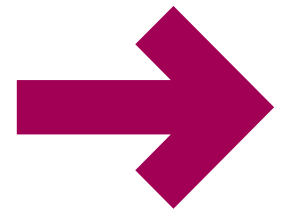
How are pressures managed?(1)

- Each organisation has its own arrangements to manage pressure in line with its 'Winter Plan'
- All organisations sign up to the NEEP escalation policy – North East Escalation Policy – that describes what 'status' each organisation is at on a scale of 1-6
- There is daily reporting of the NEEP status of each acute and community hospital, Ambulance service and Out of Hours provision
- This gets reported regionally and nationally, ultimately to the Secretary of State for Health



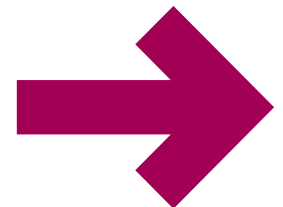
How are Pressures Managed?(2)

- NEEP levels, along with a variety of other information, reported daily via a 'Sitrep' reporting spreadsheet
- Gives an 'at a glance' view of what is happening, where and when for a 24 hour period (72 hours for weekend) and produced daily
- Can vary throughout the day and subject to regular review
- Overall coordination provided by the NECS Winter Resilience Team to facilitate mutual aid, diverts, increased capacity and multi-agency input



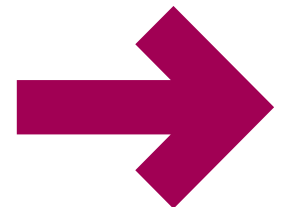
How do we cope when Pressures increase?

- Variety of action can be taken according to NEEP Escalation policy such as internal diverts, external diverts, cancel operations, open winter beds, on call staffing arrangements, alerts to Primary Care, use of 4x4 vehicles to bring staff in during inclement weather etc
- Determined on an individual basis with discussions across different organisations, with NEAS performing a key role
- NHS England Area Team on call arrangements also in place if NEEP 4 or above



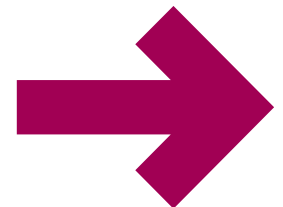
Key Challenges

- Ambulance Handover delays at hospitals
- Delayed Transfers of Care (DTCOC)
- Internal and External Diverts
- Volume and Acuity of patients
- Increasing number of elderly and frail people
- Use and referrals from NHS 111
- Public behaviour and cultural norms
- Flu Vaccination take up
- Norovirus
- Staffing



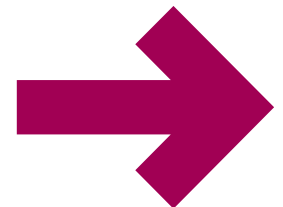
Resources to support Winter Planning and Pressures

- Each Commissioner makes provision in their respective contracts with each provider for 'Winter' and other surges
- Additional Monies made available for 2014/15 in three Tranches
 - Tranche 1 – to SRGs for whole system resources
 - Tranche 2 – to Acute Trusts to help deliver A n E standards
 - Tranche 3 – for mental health providers for early prevention and crisis support
- Activity and use of resources and impact 'tracked' monthly to demonstrate added value of resources



Awareness Campaigns

- Overseen by NECS on behalf of all CCGs and other partners
- Focused on encouraging self-care, use of community facilities, and prevention of use of A n E for minor ailments
- Use of the 'Keep Calm and.....' strap line for consistency and to grab attention
- Deliberate timings for maximum impact



Any Questions?

