

Non-recurrent funding support - template to be completed per system and returned to England.Operations-South@nhs.net by midday Friday 23 August 2013. All fields must be completed.

version V6

Name of system/trust:	East Berkshire/Heatherwood & Wexham Park Hospital NHS FT
Does the plan require non-recurrent funding only?	YES
Has the plan been agreed by the urgent care board?	YES
Has the urgent care board checked with ECIST that the plan is evidence based?	YES
Total non-recurrent funds requested for 2013/14 (sum of column C below):	6,644,540

Please use as many lines as necessary to set out full plan details:

(-) = reference list. Appendix 3

		Funds requested (£k)	Organisation(s) that will use the funding	Full details on what the funding will be spent on	Clear measurable outcomes (KPIs)
Urgent Care Access TOTAL £1,834,540					
1	Communications and signposting	£K			
1.1	Clearer communication and patient education is needed to allow patients in East Berkshire to have clear understanding of the services that are available to them, how to use them and when they should be used. Empowering patients with the knowledge they need to make the best choices when seeking support from their local NHS.	150	Windsor Ascot and Maidenhead CCG Slough CCG Bracknell and Ascot CCG Chiltern CCG	Implementation of social marketing work following in depth market research undertaken across East Berkshire & South Buckinghamshire patch. Focus of work is to increase awareness of alternatives to A&E and further enhance the usage of NHS 111 as a first point of contact for patients rather than use of A&E (1). East Berkshire communications will work collaboratively with south Buckinghamshire communications to ensure appropriate signposting of patients. The bid from Buckinghamshire will cover the South Bucks patch. Local population needs vary and each Berkshire East CCG will have £50k to consider the most appropriate way to engage. Verve report May 2013 (2)	Reduction in A&E Attendances Decrease in Ambulance arrivals. Reduction of emergency admissions. Increase in NHS 111 dispositions to A&E alternatives
1.2	After initial experience of the 111 Directory of Services (DOS), it is in need of review to ensure that alternatives to A&E are fully represented and selected whenever appropriate	50	Windsor Ascot and Maidenhead CCG Slough CCG Bracknell and Ascot CCG South Central Ambulance Service	Working with 111 provider to enhance the DOS to fully incorporate all services which are alternative to A&E. To include the range of services provided by community pharmacy (3). This bid covers the Berkshire 111 service only. Use of local DOS apps and raise profile in practices by placing on screens. Education and raised awareness for local authorities and A&E about the DOS. Consider the scope for general practice staff to be trained in the use of the system. CCGs note that the CSCSU is already commissioned to provide some support for further localising the DOS.	Increase the numbers of respondents to the Friends and Family Test who have a positive experience of emergency care.
		200			
2	Access to GPs and other specialist advice.				
2.1a	Difficulty of accessing GP appointments at evenings and weekends is identified as a key problem leading to higher attendances at A&E, particularly in Slough.			Each CCG has focussed on its own populations pattern of demand and so a varied approach will be taken to meet the same outcomes. For example in Windsor and Ascot grouped practices would consider offering 5 additional evening sessions and additional weekend sessions. In Slough, each practice will increase the number of available appointments by 5%. These appointments will be ring-fenced and held for use by the 111 service and A&E. To cover East Berkshire and Chiltern CCGs.	
2.1b	CCGs want to focus on the needs of patients with complicated social and long term conditions and especially COPD and Heart Failure. Admission can be avoided with a advice line provided by GPs referred via 111 for those patients needed to speak directly to a GP for areas such as paediatrics. Therefore, access will be reviewed in relation to key specialties such COPD, Heart Failure patients and others with complex conditions as well as paediatrics.	590	Windsor Ascot and Maidenhead CCG Slough CCG Bracknell and Ascot CCG Chiltern CCG	Enhanced access to medical care and advice will be explored including consultants, external providers and the Met Office who deliver weather warnings. 111 service could then arrange to cold call specific patients at risk that had consented to being alerted. East Berkshire CCGs only.	Reduction of emergency admissions. Reduction in A&E Attendances Ability for 111 to book directly into urgent care access services.
2.1c	It is referenced in primary care that some patients who are advised to attend A&E may have been managed by GP services within the community setting			24/7 GP within 111 to support decision making for call handlers and existing clinicians when patients can be managed by self care or within existing primary and community services. East Berkshire CCGs only.	
2.1d	Consistent delivery of alternatives to A&E (MIU,Urgent Care, WiC) are required to reduce confusion in the system			Need for consistent opening times, 8am to 8pm for; St Marks UCC, Heatherwood MIU, Slough WiC (4). St Marks Urgent Care Centre - currently closes at 5pm and 1pm at weekends. East Berkshire CCGs only.	
		590			

3 Urgent Community response					
3.1	<p>Difficulty for GPs to currently respond to urgent home visits without significant disruption to surgeries, or patients have to wait until end of surgeries increasing the risk of unplanned attendance/admission to hospital.</p> <p>Admission can be avoided with an enhanced level of Urgent Primary Care Response. This is also intended to fill nursing skills gaps which result in admission for conditions treatable within the community.</p> <p>Services should be integrated and mobile to optimise efficiency and continuity of care.</p> <p>Following review of our Rapid Access Community Clinic (RACC) service it could be enhanced by making this service operational 7 days a week rather than the current Monday to Friday service</p>	435	<p>Windsor Ascot and Maidenhead CCG</p> <p>Slough CCG</p> <p>Bracknell and Ascot CCG</p> <p>Berkshire Healthcare Foundation Trust</p>	<p>Pilot a new integrated RACC. Extend opening hours of Rapid Access Community Clinic to include weekends would extend access to this service to people who can be supported at home rather than being admitted to hospital. The service includes Consultant geriatrician and advanced health practitioner support(5).</p> <p>This service could be integrated by enhancing the current RACC and utilising nurses skilled to treat DVT, insert catheter provide advice and medication advice to ICTs. There will also be a link to mental health liaison services attached to this model.</p> <p>The addition of a GP to this service would then incorporate urgent home visiting whereby the patient would be triaged by their own practice GP to increase continuity and ensure their need is urgent and not a routine home visit.</p> <p>GPs to be recruited should be experienced and trained in admission avoidance and local DOS and referral</p> <p>This can link directly with the GP admissions unit where necessary in order to bypass A&E. Consider</p>	<p>Reduction of emergency admissions.</p> <p>Reduction in A&E Attendances</p> <p>Increase in % of patients admitted to community beds from home.</p> <p>Bed Occupancy within Community Hospitals</p>
3.2	<p>Capacity pressures within the community matron team leading to some issues in the enhancement of integrated care teams which are the key element of the system's admission avoidance strategy and key to A&E recovery</p>	220	Berkshire Healthcare Foundation Trust	<p>3 additional community matrons flexible to peaks and troughs by locality, to support existing caseload capacity pressures and support admission avoidance through integrated care teams.</p> <p>There needs to be a link with specialist teams and a focus on patients with COPD, Heart Failure, Diabetes and complicated social and long term conditions.</p> <p>Proactive training and liaison with practices regarding their role and how they can effect the high risk and frequent flier patients groups to reduce self referral to A&E.</p> <p>This part of the bid covers East Berkshire only Community provision from Buckinghamshire is covered in the Buckinghamshire bid.</p>	<p>Reduction of emergency admissions.</p> <p>Increase in % of patients admitted to community beds from home.</p>
3.3	<p>Ability for ambulances to respond in a timely manner to GP requests for urgent ambulances. Leads to patient delays and flow problems through Hospital.</p> <p>Ambulance capacity issues for evening and weekend support to respond to the increases in activity partly due to 111 activities. Current experience and modelling indicates a bulk of activity occurs in the evening and weekend periods</p>	389.54	South Central Ambulance Foundation Trust	<p>Increasing ambulance capacity through service redesign to improve resilience particularly at weekends. Demand predictions are now in place by hour for the rest of the year.</p> <p>There will be plans to support hear and treat, see and treat and the use of other mechanisms such as the DOS and direct access to nursing teams and clinicians for advice. Smoothing the flow of GP urgent patients to arrive early enough for on day diagnostics enabling a reduction in length of stay or avoiding admission altogether, enabling us to respond in a timely manner to the requests made by GP's.</p> <p>Despatch desk in the emergency control centre to manage additional dedicated DECA ambulance resource responding to GP urgent calls only. This will help tackle the current long waits for ambulance resource for this patient group. Freeing resources to respond to the 999 demand.</p> <p>This investment will be monitored through improvement in achievement of response times to these G</p> <p>The Buckinghamshire bid is supporting 2 additional vehicles for the SCAS service over the winter period</p>	<p>Improvement of Ambulance Handover times.</p> <p>Improvement of Ambulance response times</p> <p>Decrease in Ambulance arrivals.</p> <p>Reduction of emergency admissions</p>
3.4	<p>Enhance Flu campaign: Risk of losing community bed capacity if independent providers do not implement a programme to encourage maximum uptake of flu vaccinations for approximately 10-15,000 front line staff</p> <p>Risk of vulnerable housebound patients not being able to access flu vaccination.</p>	150	<p>Bracknell Forest Council</p> <p>Royal Borough of Windsor & Maidenhead</p> <p>Slough Borough Council</p>	<p>Work with unitaries to identify all independent organisations that engage front line care staff that are outside of their employment and work to care for East Berkshire residents.</p> <p>Develop a local campaign to encourage staff to have a flu vaccination.</p> <p>Provide a voucher scheme to access vaccination.</p> <p>Work with practice to ensure all vulnerable at risk patients are able to access a flu vaccination.</p> <p>Flu vaccinations in Chiltern are part of the Buckinghamshire bid.</p>	<p>Number of institutions and staff identified.</p> <p>Number of vaccination vouchers redeemed.</p>
		1,194.54			
Less amount deducted from whole work stream		-150.00			

Wexham Park Hospital patient flow TOTAL £3,470,000						
4	Staff capacity and skill mix initiatives					see foot note
4.1	Ensure that care for frail elderly patients is provided by appropriate community services rather than acute	85	Heatherwood and Wexham Park Hospital	Implement a best practice rapid assessment & navigation model. Recruit an additional Consultant post for "Frail Elderly" services. Work with GPs when considering patients for discharge.	A&E performance to be maintained at 95% Reduction in emergency admission	
4.2	Need to improve surgical pathway for ambulatory admissions	40	Heatherwood and Wexham Park Hospital	Recruit additional 2 ENP .	A&E performance to be maintained at 95% 18 week target monitoring.	
4.3	Ensure improved responsiveness of surgical decision making at the "front door"	85	Heatherwood and Wexham Park Hospital	Recruit an additional Consultant post (6)	A&E performance to be maintained at 95% 18 week target monitoring.	
4.4	Co-ordination of Fractured Neck of Femur Service across trust	45	Heatherwood and Wexham Park Hospital	Recruitment of 2 new trauma nurses	A&E performance to be maintained at 95% 18 week target monitoring.	
4.5	Enable implementation of adequate 7 day ultrasound service provision	25	Heatherwood and Wexham Park Hospital	1 additional Sonographer	A&E performance to be maintained at 95% 18 week target monitoring.	
4.6	A backlog of elective activity built up during 2013 is a direct threat to bed capacity during the winter months	700	Heatherwood and Wexham Park Hospital	Short term fund to enable activity backlog outsourcing	18 week target monitoring	
4.7	Flow of patients through the hospital needs to be improved	150	Heatherwood and Wexham Park Hospital	3 additional lead ambulatory care nurses to improve the flow of patients by adopting a case management approach. Work with GPs when considering patients for discharge.	A&E performance to be maintained at 95%	
4.8	Prior to the major redesign of A&E at Wexham Park there are a number of changes to current layout which will lead to an improvement of patient privacy and dignity / Increase Trolley space for "majors" (10). Speed up the transit for ambulatory patients	500	Heatherwood and Wexham Park Hospital	3 additional nurses per shift and 2 new consultant posts to improve patient flow in the reconfigured A&E at Wexham Park (6)	A&E performance to be maintained at 95% Ambulance Handover times <15minutes 18 week target monitoring.	
4.9	Reduction of pressure on other areas within the hospital and integrate with primary care. Medical and non elective surgical patients are treated within this service.	290	Heatherwood and Wexham Park Hospital	GP in A&E to be a Primary Care expert support for staff and GP Direct Referral Unit	A&E performance to be maintained at 95%	
		1,920				
5	Infrastructure investment to increase capacity and improve patient experience					
	CAPITAL					
	REMOVED					
	REVENUE					
5.4	Flexible bed management capacity is required to meet peak demand, accommodating patients in appropriate locations	700	Heatherwood and Wexham Park Hospital	Revenue cost of opening the refurbished ward 17 which is currently being used as escalation space but is unsuitable for the purpose.	A&E performance to be maintained at 95% 18 week target monitoring.	
5.5	Flexible bed management capacity is required to meet peak demand, accommodating patients in appropriate locations	700	Heatherwood and Wexham Park Hospital	Revenue cost of new escalation ward capacity via a new modular ward and further internal refurbishment	A&E performance to be maintained at 95%	
		1,400				
6	Redesign implementation					
6.1	Information Technology support needed to enable optimal management of trust capacity and patient flow	150	Heatherwood and Wexham Park Hospital	Revenue funding to enable a rapid deployment of a suitable A&E system	A&E performance to be maintained at 95%	
		150				

Supporting Discharge Total £1,340,000					
7 Additional capacity in community beds					
7.1	Discharge is delayed by shortage or delay in provision of nursing home beds or home care packages. Delayed discharges due to lack of co-ordination of discharge processes and awareness of interagency working	560	Heatherwood and Wexham Park Hospital Berkshire Healthcare Foundation Trust	Pilot the hospital at home scheme in East Berkshire. Patients on Hospital at Home stay in their own homes but they receive extra care and attention from the Hospital at Home Team. The team work like a hospital ward team and have regular multi-disciplinary meetings where they discuss the patients they are looking after. The service is designed to give patients extra support so that they are not admitted to hospital or so that their admission is as short as possible. The Hospital at Home Team will see a patient for a maximum number of days, although this could be shorter as patients are assessed on their individual needs. The decision about when to discharge a patient from Hospital at Home is made in partnership between the patient, the team and the patient's GP. To ensure that it optimises opportunities of working with the voluntary sector Age Concern and Care UK services to support patients on discharge from hospital. Service to cover all patients admitted to HWP.	Decrease length of stay (measured by UA locality) Delayed Transfers of Care (Social Care) % 2 hour response proportions (Social Care) Decrease readmission rate CHC assessment case load and delays
7.2		430	Heatherwood and Wexham Park Hospital Berkshire Healthcare Foundation Trust Royal Borough of Windsor and Maidenhead Slough Borough Council Bracknell Forest Council Buckinghamshire County Council	NB:This resource will be held by HWP to manage Hospital at Home and placements in the community and reduce LOS. Enhance Post Acute Enablement Teams (PACE) team to include further community liaison and social work input to support co-ordination of discharges and holding system to account on respective elements of the process. Service to cover all patients admitted/discharged from HWP. Increase capacity in Intermediate Care Teams to deliver 24/7 2hour responses.	
		990			
8 Increase staff capacity, skill mix and availability					
8.1	Lack of Social Care Support and Mental Health liaison prevents discharge at weekends	80	Royal Borough of Windsor and Maidenhead Slough Borough Council Bracknell Forest Council Berkshire Healthcare Foundation Trust	Added social workers and mental health liaison to create 7 day working with health and social care partners	Decrease length of stay (measured by UA locality) Delayed Transfers of Care (Social Care) % 2 hour response proportions (Social Care)
8.2	The inflexibility of community care beds at Henley Suite under the present contractual arrangements means that available bed community care beds cannot be fully utilised by the system	70	Windsor Ascot and Maidenhead CCG Slough CCG Bracknell and Ascot CCG Berkshire Healthcare Foundation Trust Royal Borough of Windsor and Maidenhead Slough Borough Council Bracknell Forest Council	Re-frame the use of Henley Suite beds to allow for a step down facility which allows patients not requiring acute care to be managed in a more appropriate setting. This will be to manage patients who are requiring on-going social assessment or require low level support before retuning home. The change in bed status will involve clear governance processes to allow flow through the bed stock to be maintained. Increased medical cover and nursing care within the current contract provision will improve the providers ability to receive additional patients.	Decrease length of stay (measured by UA locality) Delayed Transfers of Care (Social Care) Decrease in Readmission Rates
		150			
9 Infrastructure developments to reduce system delays					
9.1	Availability of community equipment and urgent patient transport needed to facilitate earlier discharge during winter period	200	Berkshire Healthcare Foundation Trust Windsor Ascot and Maidenhead CCG Slough CCG Bracknell and Ascot CCG Chiltern CCG	Increased funding for joint equipment loans service and transport for patients to community alternatives to admission to hospital for assessment, diagnostics and care . To include Ascot patients to Bridgewell.	Decrease length of stay (measured by UA locality) Delayed Transfers of Care (Social Care) Decrease in Readmission Rates
		200			
TOTAL £(k)		6,645			

4,460.00

1,340.00

6,644.54

Foot note:
All HWP proposals cover all patients admitted to HWP including East Berkshire and Buckinghamshire patients.

HWP will be recruiting to posts recurrently and will bear the risk taking into account year two funding

APPENDICES:

- Appendix 1 PID
- Appendix 2 This template
- Appendix 3 References
- Appendix 4 Outcome measures summary
- Appendix 5 Signatories