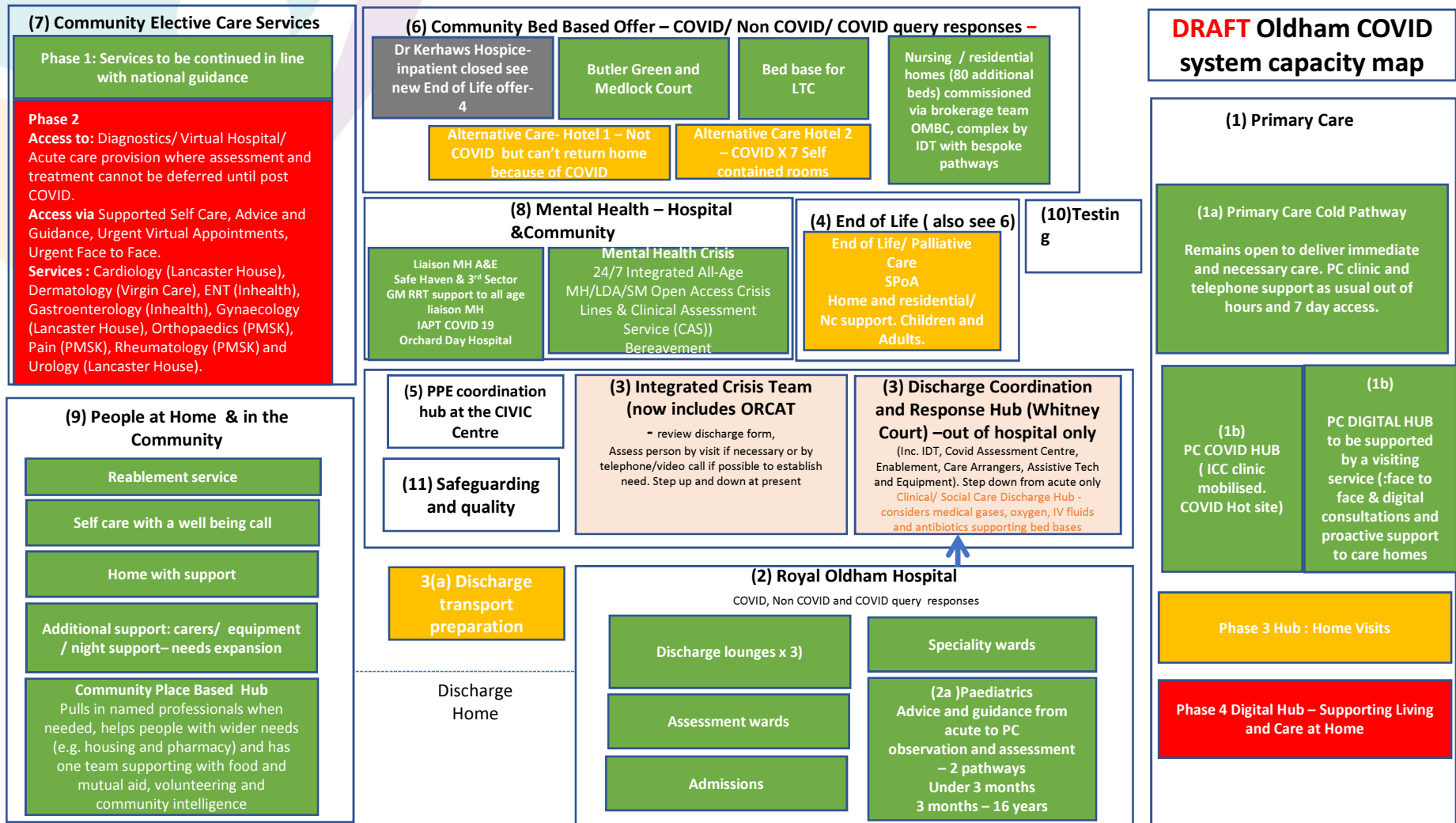# CoVID19 and Oldham health and care system

Health and wellbeing board update

Introduction

- This presentation has been produced as a briefing to the health and wellbeing board regarding the impact of CoVID19 on the health and care system with a particular focus on the acute hospital

- Data has been taken from the point at submission of this report and will therefore be subject to further changes in the days after submission

- It will briefly look at the overall picture, the changes that have been made in the system and then the impact on various aspects of acute services firstly across the North East Sector of Greater Manchester and then specifically Oldham

The Oldham System adjustments

(7) Community Elective Care Services

Phase 1: Services to be continued in line with national guidance

Phase 2
Access to: Diagnostics/ Virtual Hospital/ Acute care provision where assessment and treatment cannot be deferred until post COVID.
Access via Supported Self Care, Advice and Guidance, Urgent Virtual Appointments, Urgent Face to Face.
Services : Cardiology (Lancaster House), Dermatology (Virgin Care), ENT (Inhealth), Gastroenterology (Inhealth), Gynaecology (Lancaster House), Orthopaedics (PMSK), Pain (PMSK), Rheumatology (PMSK) and Urology (Lancaster House).

(9) People at Home & in the Community

Reablement service

Self care with a well being call

Home with support

Additional support: carers/ equipment / night support– needs expansion

Community Place Based Hub
Pulls in named professionals when needed, helps people with wider needs (e.g. housing and pharmacy) and has one team supporting with food and mutual aid, volunteering and community intelligence

(6) Community Bed Based Offer – COVID/ Non COVID/ COVID query responses –

Dr Kerhaws Hospice- inpatient closed see new End of Life offer- 4

Butler Green and Medlock Court

Bed base for LTC

Nursing / residential homes (80 additional beds) commissioned via brokerage team OMBC, complex by IDT with bespoke pathways

Alternative Care- Hotel 1 – Not COVID but can't return home because of COVID

Alternative Care Hotel 2 – COVID X 7 Self contained rooms

(8) Mental Health – Hospital &Community

Liaison MH A&E
Safe Haven & 3rd Sector
GM RRT support to all age liaison MH
IAPT COVID 19
Orchard Day Hospital

Mental Health Crisis
24/7 Integrated All-Age MH/LDA/SM Open Access Crisis Lines & Clinical Assessment Service (CAS))
Bereavement

(4) End of Life (also see 6)

End of Life/ Palliative Care
SPoA
Home and residential/ Nc support. Children and Adults.

(10)Testing

(5) PPE coordination hub at the CIVIC Centre

(11) Safeguarding and quality

(3) Integrated Crisis Team (now includes ORCAT

- review discharge form,
Assess person by visit if necessary or by telephone/video call if possible to establish need. Step up and down at present

(3) Discharge Coordination and Response Hub (Whitney Court) –out of hospital only

(Inc. IDT, Covid Assessment Centre, Enablement, Care Arrangers, Assistive Tech and Equipment). Step down from acute only
Clinical/ Social Care Discharge Hub - considers medical gases, oxygen, IV fluids and antibiotics supporting bed bases

3(a) Discharge transport preparation

Discharge Home

(2) Royal Oldham Hospital
COVID, Non COVID and COVID query responses

Discharge lounges x 3)

Speciality wards

Assessment wards

(2a)Paediatrics
Advice and guidance from acute to PC observation and assessment – 2 pathways
Under 3 months
3 months – 16 years

Admissions

DRAFT Oldham COVID system capacity map

(1) Primary Care

(1a) Primary Care Cold Pathway

Remains open to deliver immediate and necessary care. PC clinic and telephone support as usual out of hours and 7 day access.

(1b)
PC COVID HUB
(ICC clinic mobilised. COVID Hot site)

(1b)
PC DIGITAL HUB to be supported by a visiting service (:face to face & digital consultations and proactive support to care homes

Phase 3 Hub : Home Visits

Phase 4 Digital Hub – Supporting Living and Care at Home

What we changed - snapshot

- Define OCHS identity and place within the NCA Group and OCO

- Approach to service redesign

- Unhelpful performance and contract monitoring framework

- Clearly define 'managed' and 'urgent care' clinical pathways

- Address gaps in service provision – e.g. CE bed bases, overnight support

- Simplify complex referral and triage processes

- Improve links and communications with PCNs

- Therapy model – PCN links

- Move to geographical working model aligned with PCN's

- Enhance support and focus on care homes

- DN OOHs move back to DN day service

- Re-focus on high risk residents in their own homes

- Community swabbing offer (with the exception of STICH), needs to be a system wide issue once services 'return to normal'

What we changed - snapshot

- Community swabbing offer (with the exception of STICH), needs to be a system wide issue once services 'return to normal'

- Integrated cluster teams to resume BAU

- Build leg ulcer model into treatment room offer

- Review 3:1 services

- Corporate support services centralised and disconnected from CS division

- Pathways to support COVID positive patients – step up/down

- COVID therapy / rehabilitation programme

- Link OOH nursing offer with GPs and day care teams more effectively

- Planned and managed care links with therapy teams

- Review how we work with PCNs – communications / MDTs, improved relationships and opportunities to talk

What we changed - snapshot

- Look at system ownership of risk management, link with performance

- Review strategic plan and shared understanding - expectation on management team

- Discharge hub

- STICH team

- System planning/system response, rather than working in isolation

- Vaccination planning and offer

The big picture

Health and Social Care for Oldham

Covid-19 Cases by Specimen Date
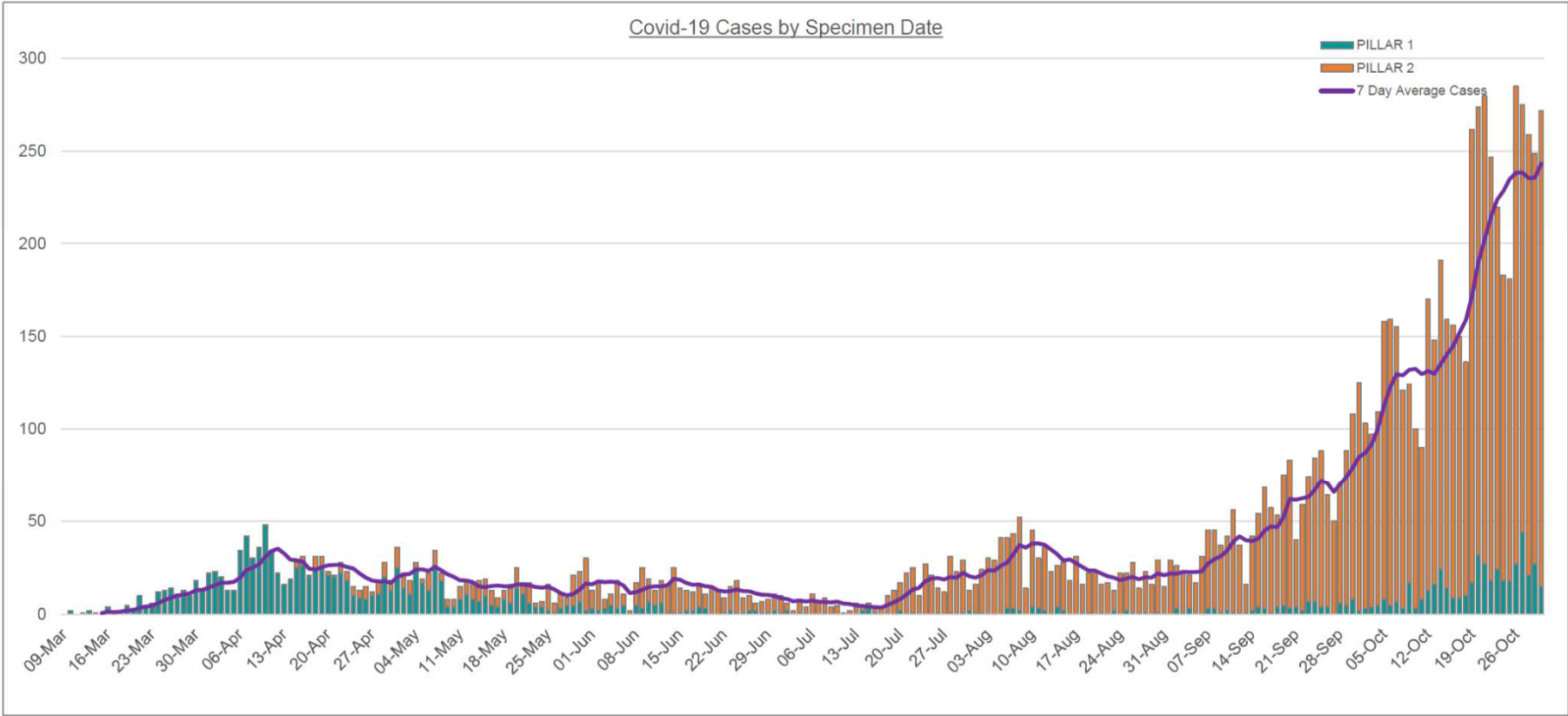
Context – North East Sector

The chart below shows the rates of confirmed coronavirus cases per 100,000 of population for each of the North East Sector local authorities

The chart below shows the rate per 100,000 of population of confirmed cases for Oldham compared to GM and England overall. Oldham has a higher rate than both GM and England as a whole.

North East Sector Coronavirus Cases (Rates per 100,000)

— Oldham per 100,000   — Bury per 100,000   — Rochdale per 100,000
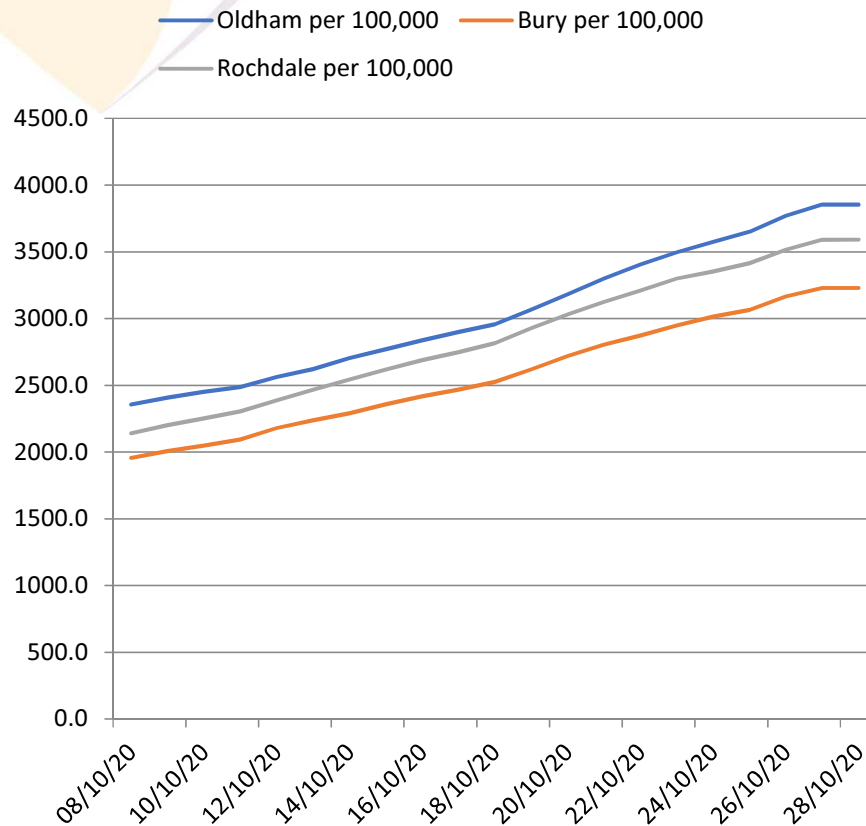
Coronavirus Confirmed Cases - Oldham, GM, England (Rates per 100,000)

- - - Oldham   — GM   — England
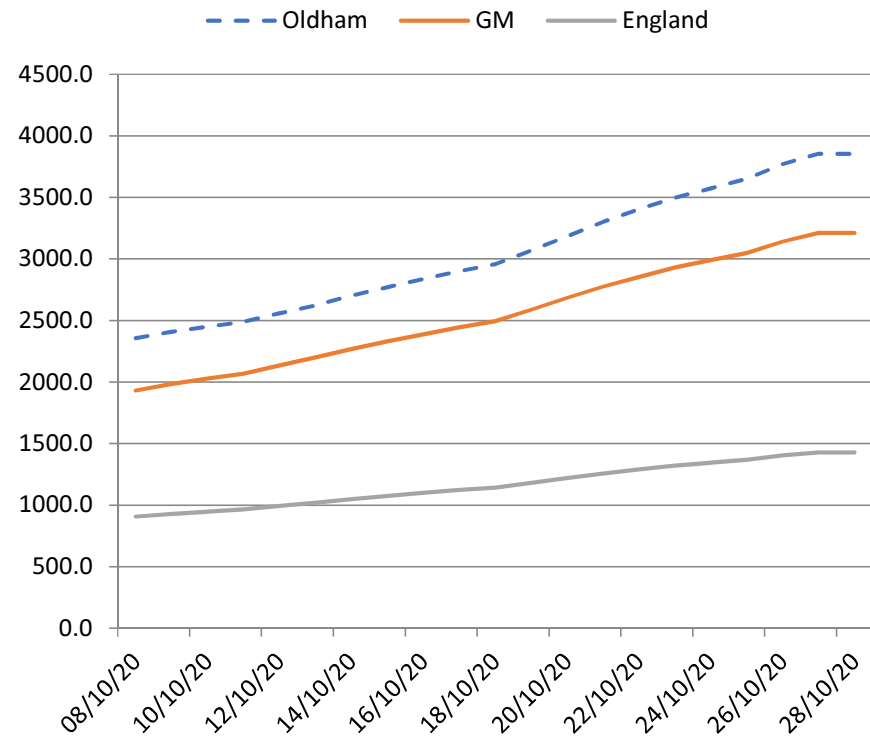
Summary of ROH impact

The figures below show the situation at Royal Oldham Hospital as at 08:00 on Monday 2 November 2020

- No. of confirmed COVID patients in ITU/HDU Beds: 12
- No. of suspected COVID patients in ITU/HDU Beds: 0
- No. of non-COVID patients in ITU/HDU Beds: 10
- No. of unoccupied ITU/HDU Beds: 0
- No. of confirmed COVID patients with mechanical ventilation: 12
- No. of confirmed COVID patients with non-invasive ventilation: 10
- No. of confirmed COVID patients with oxygen support: 43
- No. of confirmed COVID patients in any other beds: 115

Impact on ITU

Royal Oldham Hospital Situation Report Number of Confirmed COVID-19 Patients in ITU Beds
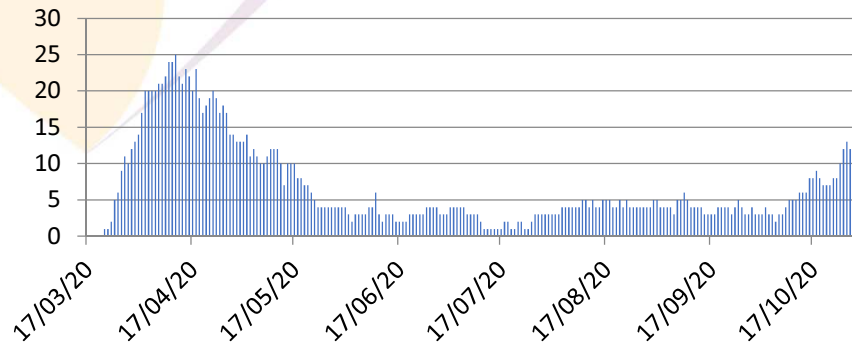
Royal Oldham Hospital Situation Report Number of Confirmed COVID-19 Patients in Any Other Beds
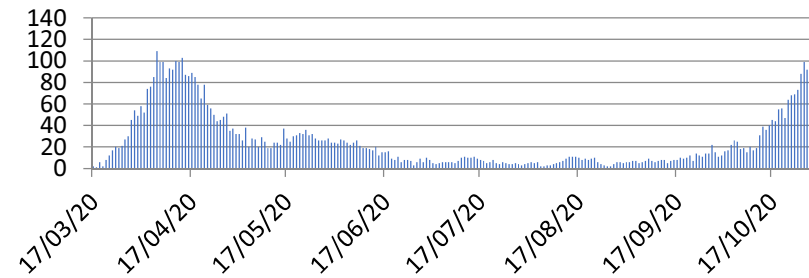
Royal Oldham Hospital Situation Report Number of Confirmed COVID-19 Patients on Mechanical...

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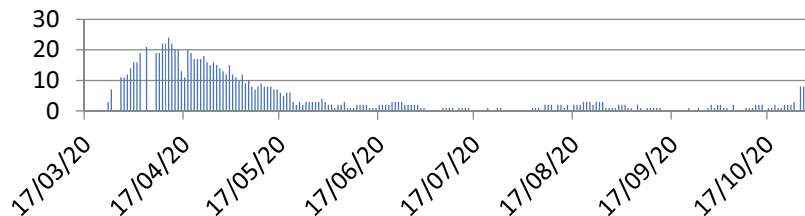
Impact on the emergency department

The charts below show the cumulative and daily Oldham registered patient A&E attendances at the Pennine Acute Hospital Trust for coronavirus related symptoms

Oldham CCG Cumulative Coronavirus A&E Attendances
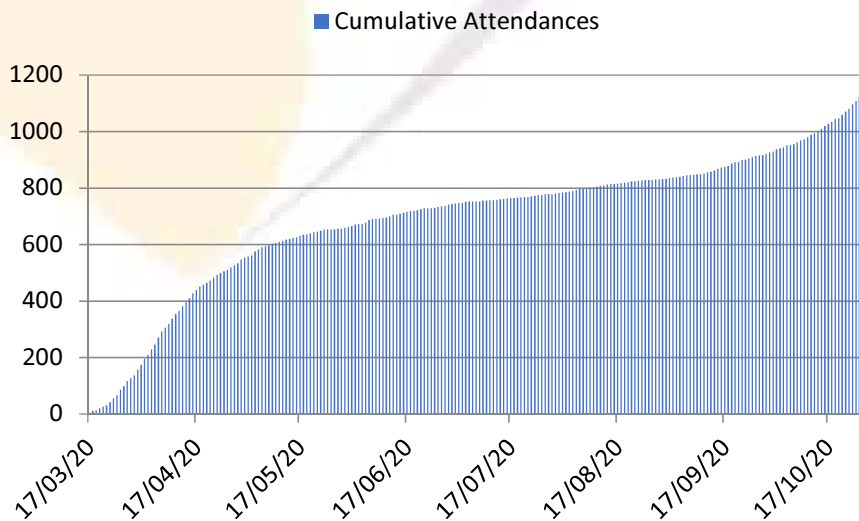
Oldham CCG Daily Coronavirus A&E Attendances
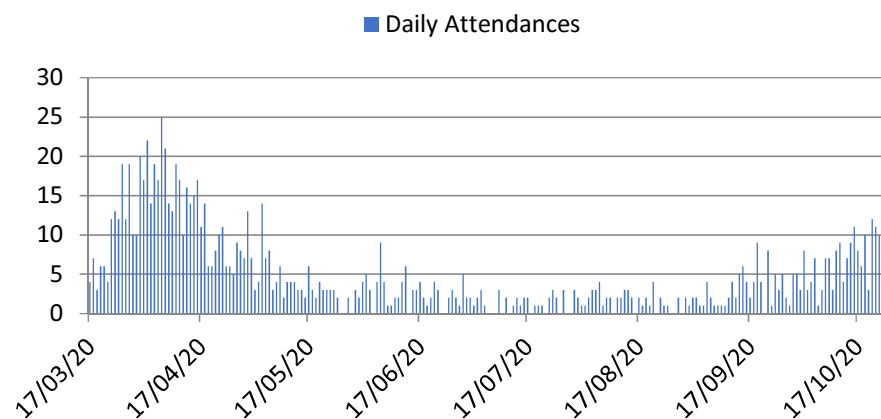
Impact on the emergency department

- The chart below shows the A&E attendances and 4 hour breaches at Royal Oldham Hospital along with the performance against target

- Attendances started to drop significantly in early March

- On 1 November the A&E performance was 61.4% and was below target

- Compared with the average of all ROH A&E attendances between January 1st 2020 and March 10th 2020:
  - The percentage change in the latest ROH total A&E attendances is (-14%)
  - The percentage change in the latest ROH A&E breaches is (+19%)
  - The percentage change in the latest ROH A&E performance is (-19%)

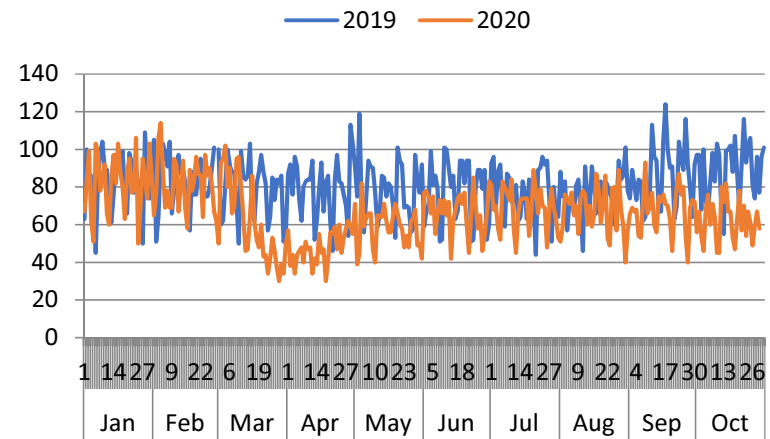**Royal Oldham Hospital A&E Attendances and 4 Hour Breaches**
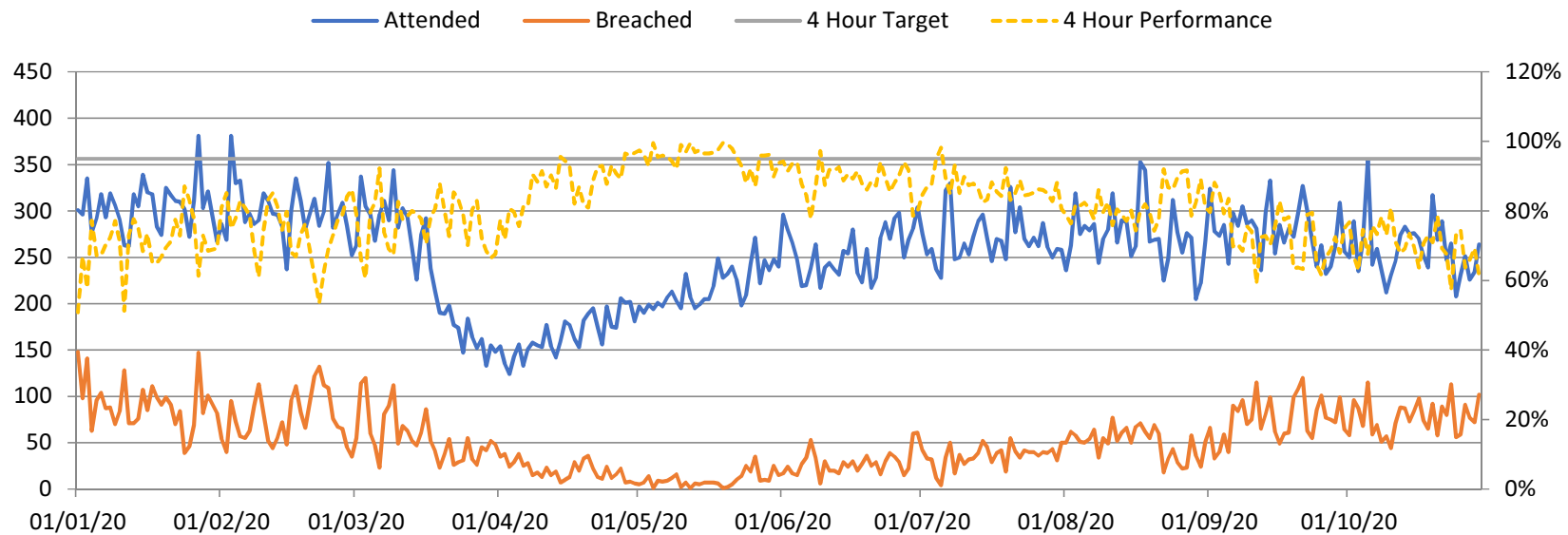
Impact on the emergency department

The charts below show the year on year activity for Oldham CCG's activity at Pennine Acute

Oldham CCG A&E Attendances at PAHT (Year on Year)
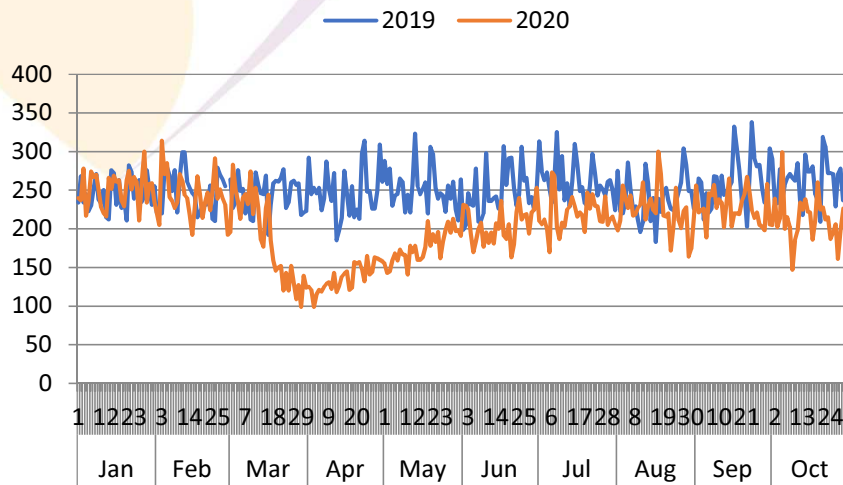
Oldham CCG Emergency Admissions at PAHT (Year on Year)

Looking ahead

Each system within the region has submitted their plans outlining how they propose to manage and mitigate the impact of a rise in COVID cases

Outline of the request and scenario modelling undertaken

With increasing daily confirmed COVID cases in the community and hospitals reporting an increase in admissions related to patients with COVID, each system has been asked to submit:

1. **Actions planned** to take to **manage** and **mitigate** the impact of a rise in COVID cases
2. How taking these planned mitigations into account would **impact on the restoration of non-COVID health services** the phase three submissions

To estimate the impact on the phase three planning submissions a number of illustrative scenarios have been modelled.

Scenario A: Restoration set out in the phase three plans.

Scenario B: Restoration of non-COVID services, with a consistent G&A bed occupancy of 5% for COVID patients across the phase three period. *The impact of this scenario has been shown on the following slides.*

Scenario C: Restoration of non-COVID services, with G&A bed occupancy reaching a maximum of 20% for COVID patients across the phase three period. *The impact of this scenario has been shown on the following slides.*

Scenario D: Restoration of non-COVID services, with G&A bed occupancy reaching a maximum of 35% for COVID patients across the phase three period. In the submitted templates, the activity impact of this scenario was not requested.

What's worked well - highlights

- **Governance**

- System governance structure and accountability

- CHASC governance

- Devolved decision making

- **Enablers**

- CHASC Culture

- Tech - video conferencing on TEAMs

- Home working - remote technology utilising efficiencies

- Video conferencing/consultation for patients - Diabetes, TVNs, AHPs

- System flexibility - increasing clinical/non clinical skills sets across services

- 7 day working and extended hours across services

What's worked well - highlights

Service Developments

- Remodelling of Butler Green to meet clinical need and system demand, D2A

- Enhanced CE medical provision

- Discharge Hub - ICET

- Therapy - virtual ward rehabilitation model post discharge - 7days

- MSK virtual consultations - video calls, online pre-recorded classes, self care programmes.

- Joint working with PCNs and District Nurses

- DN caseload cleansing - routine ear care, B12 inj, routine phlebotomy, dopplers on hold

- DN treatment room rationalisation

- STICH - joint working to support care homes incorporating community testing offer

- Developing pathways with Hospice at Home - single point of referral and access

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