

Area	Area	Project Lead
1	Care Homes Support	Karen Gronert
2	Care Homes Support	Karen Gronert
3	Admission Avoidance	Dr Anjula Mehta
4	3rd Sector Supporting Discharge	Ian Austin

5	Dom Care	Sarah Waite
6	Dom Care	Helen St John
7	H2H	MC Griffiths
8	Equipment	Amanda Aldrige

9	Assistive Tech	Annette Davies
10	IT Equipment	Karen Gronert
11	Pooled Fund	Ian Austin

12	UPC OoH resilience	Dr Anjula Mehta
13 NEW	Packages of Care: Unblock Brokerage	Lucy Friday

<p align="center">Detailed outline of proposal for winter 2019/20</p>	<p align="center">Winter Template Theme</p> <p align="center"><i>Use drop down</i></p>
<p>Enhanced support for Care Homes- Data available from WAST shows a large number of older people in care homes are transported to hospital out of hours. In September 146 people were transported to hospital and of those people 140 were out of hours. Proposal is to enhance the out of hours team on a Saturday in order that GPs can respond to call in care homes and also work on a more proactive basis. This was previously piloted on a cluster basis and evaluation demonstrated reduction in hospital admissions and there was good feedback from care homes as they were able to pre-empt some of the problems.</p>	<p>Preventing unnecessary conveyance and admission to hospital</p>
<p>Supporting Hospital Discharge for People in Care Homes - Provision of an additional social worker and increased hours of a nurse assessor to undertake assessments in the home in order to support discharging people from hospital back to their care homes.</p>	<p>Preventing unnecessary conveyance and admission to hospital</p>
<p>Recruitment of a GP to work in the Emergency Department in Morriston Hospital to support staff in order to provide more information at first point of contact in order to avoid unnecessary admissions into Emergency Department.</p>	<p>Optimizing cross organizational and sector working</p>
<p>THIRD SECTOR SUPPORTING DISCHARGE - GRANT POT Grant pot of funding for Third Sector organisations supporting discharge. Simple application process for organisations to support discharge, including support for carers. Organisations need to have ability to respond quickly as there will be insufficient time to go through a formal recruitment process, given short timescales Examples: Discussion with some third sector orgs, for example, Age Connect to support transport home, light tasks around house, shopping and befriending for a couple of days post discharge. Age Connect then link in with Care and Repair if any aids and adaptations are needed in the home. Age Cwyrn also able to support in similar way.</p>	<p>Discharge to assess / recover</p>

<p>NPT - Existing Domiciliary Care Packages Pilot an approach in NPT to offer financial incentive to private agencies to take on more rotas by guaranteeing their staff the extra hours. The agencies would have to guarantee taking at least 5 patients each week for long term care or guarantee an open rota on each private agency books and use that open rota for Hospital to Home patients and community reablement patients.</p>	<p>Discharge to assess / recover</p>
<p>Swansea - Utilise locum resource to review current packages of care for brokerage. This proposal is based on the reports that there are numbers of clients waiting for long term maintenance packages of care on the brokerage list in Swansea. Some of the delays are attributable to paucity of staffing resource to complete the required processes for onward transition. There is also a potential significant benefit to devoting time to cleansing the brokerage list and ensuring that all data is up to date and accurate</p>	
<p>Hospital to Home Utilise funding to increase capacity in the Hospital to Home service, given we have not had transformation funding confirmed from Welsh Government (WG). The proposal is based on the revised funding bid that was submitted to WG and re-aligned and costed over the winter period instead.</p>	<p>Discharge to assess / recover</p>
<p>Community Equipment Consider additional community equipment GSM units for life lines</p>	<p>Preventing unnecessary conveyance and admission to hospital</p>

<p>Assistive technology Purchase of point of care testing devices and diagnostic equipment</p>	<p>Preventing unnecessary conveyance and admission to hospital</p>
<p>IT Equipment IPads for Care Home staff to skype into Acute Clinical Teams and speak to Nurse Practitioner for advice and support and discuss concerns</p>	<p>Preventing unnecessary conveyance and admission to hospital</p>
<p>Pooled Fund Development of a pooled fund established for integrated arrangements for a short period of time to utilise funding to trouble shoot issues over the winter period. There were a number of people in hospital who could not go home as they needed short term support from the community. Example given, person in hospital as needed short term support with personal care such as help to shower; a short term solution could be to fund a health care worker to support.</p>	

<p>Point of care CRP testing in UPC service</p> <p>Introduction of CRP POCT at all three UPC delivery sites - POW, NPTH and Morriston Hospital. This will allow instant confirmation of a diagnosis of bacterial pneumonia and accurate antibiotic prescribing: CRP>100 confirms bacterial pneumonia diagnosis (NICE)</p> <p>In some patients a diagnosis uncertainty remains whether presenting symptoms represent viral respiratory tract infection or bacterial pneumonia following completion of history taking and examination. Currently these patients receive the following three management options:</p> <p>1) referral to the medical team/ED for venous CRP testing resulting in additional workload and avoidable prolonged attendance time for patients. This creates a barrier to patient flow and a negative effect on patient experience.</p> <p>2) Antibiotics prescription - the majority of these prescriptions will not be required as diagnosis of viral infection CRP POCT testing will help to reduce unnecessary antibiotic prescribing in common respiratory infections which is a key aim within WG's antimicrobial resistance strategy.</p>	
<p>Packages of Care for 29 people stuck in brokerage, using external providers, in order to reduce bottle neck</p> <p>Links to scheme 7</p>	<p>Community step down capacity</p>

HB / RPB FUNDING?	Provision of Service Regional/Swansea/NPT? <i>Use drop down</i>	Which is the lead partner? e.g. who will be the lead or host organisation for delivery, who will be in receipt of winter pressure funds to deliver? <i>Use drop down</i>
HB	Regional	SBUHB
RPB	Regional	SBUHB
HB	Regional	SBUHB
RPB	Regional	Swansea Council

RPB	NPT	NPT CBC
RPB	Swansea	Swansea Council
RPB	Regional	SBUHB
RPB	Regional	Swansea Council

RPB	Regional	SBUHB
RPB	Regional	SBUHB
RPB	Regional	SBUHB, Swansea Council, NPT CBC

HB	Regional	Urgent Primary Care Service PCCS
RPB	Swansea	Swansea Council

List Partners Involved	Outline any staff to be seconded/employed and which organisation is recruiting;
NPT CBC Swansea Council	increase ooh GP cover through the usual roster
NPT CBC Swansea Council	Full-time locum social worker, hosted by Swansea Council - 4 months Full-time nurse, hosted by HB - 4 months -
	Recruitment of fixed term contract WTE GP until 31 March 2020. Morriston Hospital will be undertaking recruitment with support from PCCS.
TBC	TBC

NPT CBC	Locum OT Additional care staff additional supervisor cover
	Additional temporary Social Worker x1 WTE - hosted by Swansea Council
NPT CBC Swansea Council Third Sector	Please see staff plan which outlines staffing and recruiting teams.
Swansea Council Neath Port Talbot Council Swansea Bay University Health Board	N/A

SBUHB	N/A
ACT Care Homes 1 GP	N/A


	<p>newly implemented HCSW will undertake CRP POCT if needed. No additional recruitment needed</p>
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Swansea Council	NA
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Total Estimated Costs
Winter Pressures Funding
Under-spend

RPB Funding
HB Funding
TOTAL

Overall Proposal cost	Project cost breakdown
£ 30,000	Staffing Cica £25, 000 Travel, equipment insurance £5,000
£ 100,000	Staffing Cica £60, 000 Placement costs for 2 weeks £40,000
£ 30,593	£89000 annual salary +25% on costs = £111250 per annum. An additional 10% needs to be added for travel, training, sickness. This will equate to £10198 per month Assume 3 months x £10,198
£ 200,000	TBC once grant applications confirmed / prioritised

<p>£</p> <p>170,000</p>	<p>Staffing circa £170k cover until the end of March</p>
<p>£</p> <p>35,000</p>	
<p>£</p> <p>852,284</p>	<p>Please see staff plan which outlines staff and recruiting teams.</p> 
<p>£</p> <p>64,605</p>	<p>Based on previous experience: 10 Solite Pro beds @ £575 5 Bradshaw Low Beds @ £890 15 Overlay Mattress @ £125 18 Sara Steddy @ £765 100 Repose Mattress @ £73.71 200 Repose Cushions @ £43 Additional Satellite Stock for Hospital to Home Project: 50 Bed Levers @ £26.99ea 50 Toilet Frames @ £32.20 100 Furniture Raisers @ £16.05 100 Spreader Bars @ £34.22 Total Cost £49,803 GSM Units for Life Line - £14,802 TOTAL - £64,605</p>

£	76,371	 C:\Users\ an017787\Desktop\ NPT Swansea
£	5,000	10 ipads and cases
£	300,000	TBC as and when requests come through

£	15,370	<p>Equipment: £3556.46 per machine x3 =£10669.38</p> <p>Estimated 400 tests over 5 months at £4.08 per test = £1632</p> <p>Running costs (calibration, quality assurance, maintenance) = £1023 x3 = £3069</p> <p>Total: £15370.38</p>
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£	320,000	the current average hours of care per month per person is 56 hrs at an average of £16 p/h for commissioned care x 29 people in brokerage, plus additional cost for mileage etc. PLUS additional dom care packages to cover winter period.
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£	2,199,223
£	2,201,000
£	1,777

£	2,123,260
£	75,963
£	2,199,223

Baseline Measures (if available)	What are the expected benefits and Impact
N/A	Provide additional capacity in GP oohs to visit and proactively contact the care homes to trouble shoot and pre empt problems to avoid WAST transfer
N/A	Redcued delays for patients awaiting FNC/CHC assessments in a hospital setting
current workload with ED of primary care presentations with in hours 0800-1830	Improved signposting/triage/management of primary care conditions presenting to ED with reduced workload of currently overstrteched ED
TBC	<p>Avoid discharge delays</p> <p>Maximise independence</p> <p>Preventative interventions to avoid further care (hospital, res care etc)</p> <p>Respond to urgent referrals.</p> <p>Relieve pressure on hospital admissions</p> <p>Potential for cost savings / cost avoidance in Health and Social care bodies.</p>

<p>Increase in domiciliary care Increased resposiveness for Equipment and manual handling queries</p>	<p>Increased discharges supported through v</p>
<p>Existing brokerage numbers prior to additional resource</p>	<p>Improved flow through into long term care providers</p>
<p>Current number of hospital discharges facilitated through Western Bay Score Card Measures</p>	<p>Increased number of discharges supported through winter period</p>
<p>Improved hospital discharge process resulting in earlier discharge and, hopefully, reduced pressure on hospital beds. Similarly, early provision of equipment could result in fewer admissions to hospital as we are able to make the home environment safer.</p>	<p>Ultimately, the measure of success will be the Service's ability to meet orders and achieve discharges within KPI and without any stock "outages" delaying deliveries.</p>

N/A	Early access to blood results will enable ACTs to make timely decisions on management. This will greatly help to enable the team to manage patients safely in the community which will have a positive impact on unscheduled care
N/A	Remote triaging by GP and ACTfor Care Homes where NEWS and SBAR training ahs been provided
	Provide ability to trouble shoot issues in order to quickly get people out of hospital

<p>evaluate outcomes against</p> <ol style="list-style-type: none">1) number of referrals/admissions for CRP testing Nov-March 18/192) number of antibiotic scripts for respiratory symptoms Nov-March 18/19	<p>reduction of referrals/admissions to secondary care services for respiratory presentations</p> <p>reduction of antibiotic prescribing compliance with evidence based medicine (NICE recommends use of CRP POCT)</p> <p>increased quality/safety of management of patients with respiratory symptoms</p> <p>costs savings - reduction of re-attendances, reduction of complications/admissions for missed bacterial pneumonia diagnosis, reduced prescribing costs</p>

<p>How are you going to measure impact? <i>(WG are requesting monthly updates)</i></p>	<p>What are the key risks to delivery, including any potential unintended consequences? Please briefly describe any planned mitigation</p>
<p>Numbers of admissions into Hospital for Care Homes oohs via WAST transfer</p>	<p>Securing the appropriate staff</p>
<p>Numbers of people who go through the discharge to assess pathway numbers of Dtoc who are awaiting assessment for placement from hospital</p>	<p>Securing the appropriate staff</p>
<p>Workload audit within ED, patient/staff feedback,</p>	<p>Risk of ineffective triage which will be mitigated by appropriate guidance/support for GP to ensure maximum outcomes</p>
<p>Request return on no. of clients discharged and settled each week plus sign off for final visits per week.</p>	<p>TBC</p>

<p>Number of care packages being d</p>	<p>Locum recruitment</p>
<p>Numbers of care packages being delivered each month</p>	<p>Securing staffing to deliver in the context of the overall demand for registered staffing and alternative schemes drawing on the same resource</p>
<p>An agreed data collection for all partners using Share point system across the region.</p>	<p>Recruitment on a fixed term basis has been identified as a risk so the proposal includes locum costs to mitigate this.</p>
<p>N/A</p>	<p>Stock "Outages" are monitored on a daily basis. The number of clients awaiting deliveries is tested on a weekly basis Average delivery time is tested on a monthly basis all three statistics will be key in assessing the success of this proposal</p> <p>Additional revenue costs in future years for GSM units for maintenance etc of £5k per year</p>

<p>via Admission avoidance figures</p>	<p>There are ongoing costs for the cartridges and controls, as well as annual External Quality Assurance and POCT Service Level Agreement. However, if used appropriately (and not used for all patients that ACT come into contact with) this risk will have a positive impact on patient care with acutely unwell patients will have timely access to treatment in their own homes. This will then impact positively on unscheduled care</p>
<p>Via admission avoidance figures and reduction in WAST transfers for those Homes</p>	<p>is discontinued If the ipads are purchased and deployed through the HB if the pilot is discontinued after winter the ipads can be recycled to support the WCCIS / Mobilisation programme</p>
	<p>Risk: Management of requests to ensure that only appropriate costs are claimed through this pooled fund Mitigation: Will clearly need to define the use of the pooled fund</p> <p>Risk: Administration of the invoices, receipts etc for the pooled fund, which come through a variety of sources Mitigation: TBC?</p>

<p>monthly audits on number of tests undertaken and appropriateness of test use</p> <p>monthly audit on antibiotic prescribing for respiratory presentations</p> <p>patient/staff feedback</p> <p>monthly audit on referrals/admissions of patients with respiratory symptoms</p> <p>Evaluation will be based on pre-test decision i.e. the decision that would have been made by clinician if no POCT was available. This will include - no prescription issued, delayed prescription issued, prescription issued</p> <p>this will be compared with the decision made following the test result to evaluate reduced prescribing</p>	<p>1) overuse/incorrect use of POCT - to ensure that test is used consistently and appropriately protocols, flowcharts and simple audit sheets will be developed and followed by UPC clinicians</p> <p>2) Increased consultation time - utilisation of HCSW to undertake CRP POCT to ensure prudence and no change in GP consulting duration</p>

List your key milestones	Links to any Health Board Winter planning initiative?
Putting the shifts out for consideration early enough to attract interest	Unscheduled care pressures
Recrutiment of Staff	Unscheduled care pressures
Reduction of management of primary care patients within ED due to effective signposting/advice to patients to access alternative services, support/training for triage nurses in decision making process for these patients	N/A
	to be checked - possibly with HB discharge programme.

Recruitment of locum post Additional staffing hours	Unscheduled care pressures
	unscheduled care pressures.
Recruitment of posts Induction into integrated teams Support the delivery of the regional Hospital 2 Home pathways over the winter period	Linked to the Health Board Unscheduled Care plan action of Hospital 2 Home.
Swansea Bay UHB "Hospital to Home initiative. Unsheduled Care and Home First	

N/A	Unscheduled care pressures
N/A	Supporting unscheduled care / reducing avoidable admissions from selected Care Homes

Procurement Process	