

Dumfries and Galloway Health and Social Care Partnership



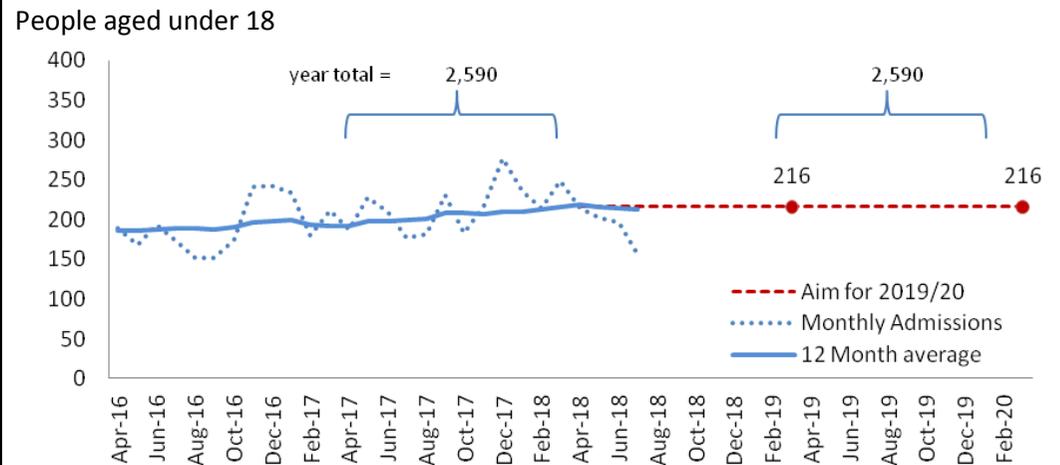
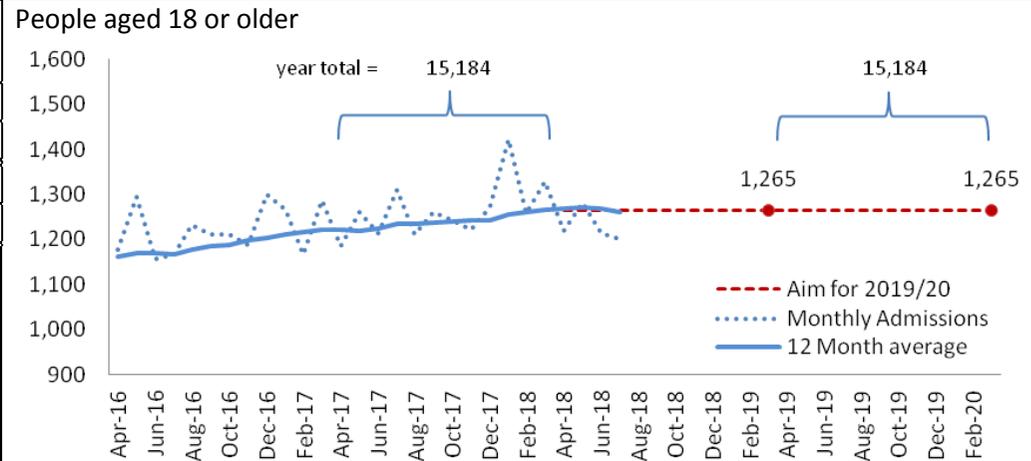
MSG Improvement Objectives – DRAFT Proposal for 2019/20 (Revised following HSCSMT)

Based on ISD data v1.12

January 2019

1. Unscheduled admissions; (continuous inpatient stays)

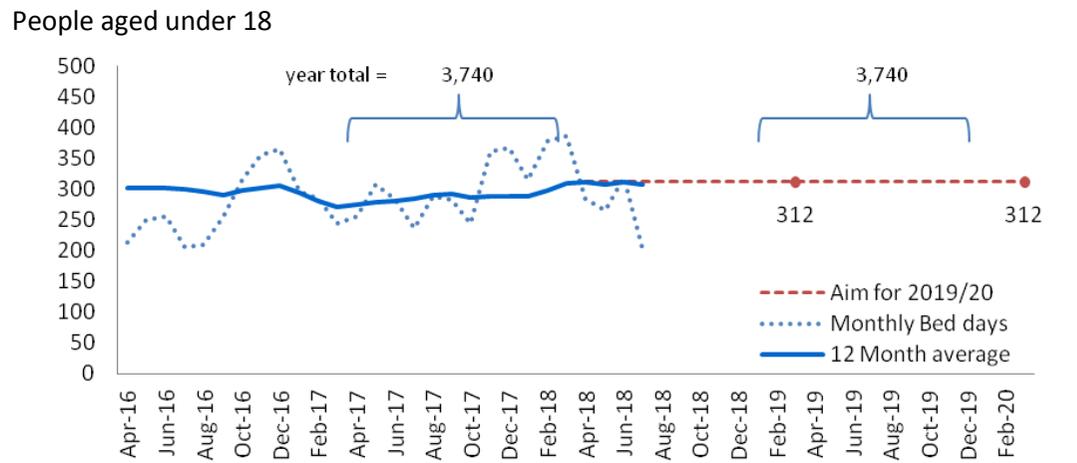
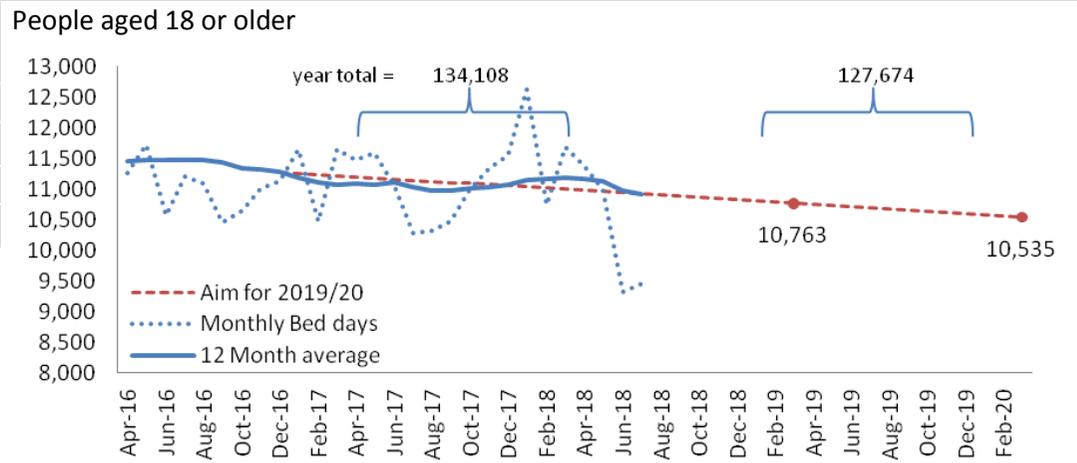
Objective	Baseline year	Baseline total	% change	Expected total	
	People aged 18 or older				
	2017/18	15,184	+0.0%	2018/19: 15,184	
	People aged under 18				
2017/18	2,590	+0.0%	2018/19: 2,590		
How will it be achieved	<p>There are known challenges in the primary care setting that influence the pattern of unscheduled admissions to acute hospital. There is a wide range of initiatives underway and it is felt that the full impact of these has not yet been realised. Examples include: Emergency Department referring to STARS to prevent admission, Nithsdale in Partnership community referrals, Rapid assessment test of change (by ANPs) in combined assessment unit, trolleys to chairs to combat 'pj paralysis', Frailty at the Front Door programme, New IT allowing CAU to flex to accommodate ED pressures, Anticipatory Care Planning Partnership working to prevent social admissions, new community respiratory nurse.</p>				
Notes	<p>Projected trajectories are currently predicted to increase, therefore the objective has been set to maintain levels of admissions seen in 2017/18.</p>				



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2a. Unscheduled bed days; acute specialties (continuous inpatient stays)

Objective	Baseline year	Baseline total	% change	Expected total 2019/20	
	People aged 18 or older				
	2017/18	134,108	-2.5%	127,674	
	People aged under 18				
2017/18	3,740	+0.0%	3,740		
How will it be achieved	<p>There are a wide range improvement programmes based primarily within the acute setting to improve flow such as: Dynamic Daily Discharge, Locality Flow coordinators, Day of Care audits, Week of Care in Cottage Hospitals, Improved middle grade staffing rotas, testing new discharge lounge model, 6 Essential Actions programme, Frailty at the Front Door programme</p> <p>There are also community initiatives which will impact not only on unscheduled admissions but on overall lengths of stay such as: STARS and Nithsdale in Partnership re-abling in the community and Anticipatory Care Planning</p>				
Notes	<p>Overall, bed days for unscheduled admissions have been falling. This pattern is different for people under 18 compared to those over 18.</p> <ul style="list-style-type: none"> For people aged 18 or older, bed days have been falling, therefore it is suggested that the 2.5% reduction trajectory continue Unscheduled bed days for people under 18 have been rising modestly, therefore the objective is to maintain or improve unscheduled bed days observed in 2017/18 				

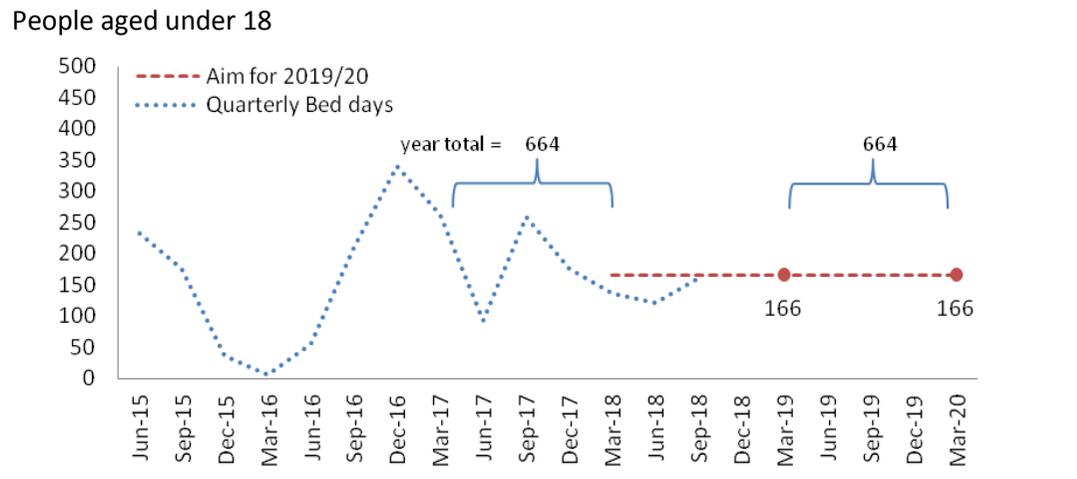
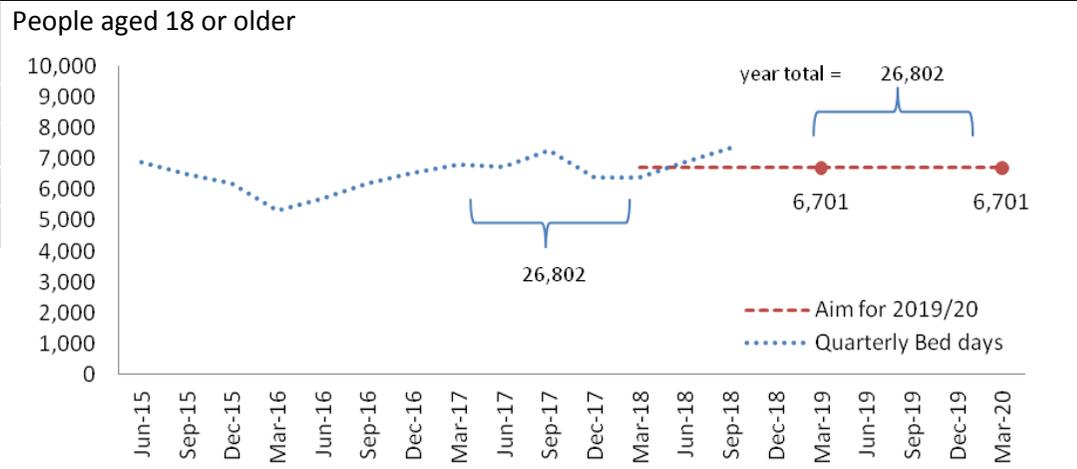


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2b. Unscheduled bed days; geriatric long stay [NOT APPLICABLE]

2c. Unscheduled bed days; mental health specialties ***NEW***

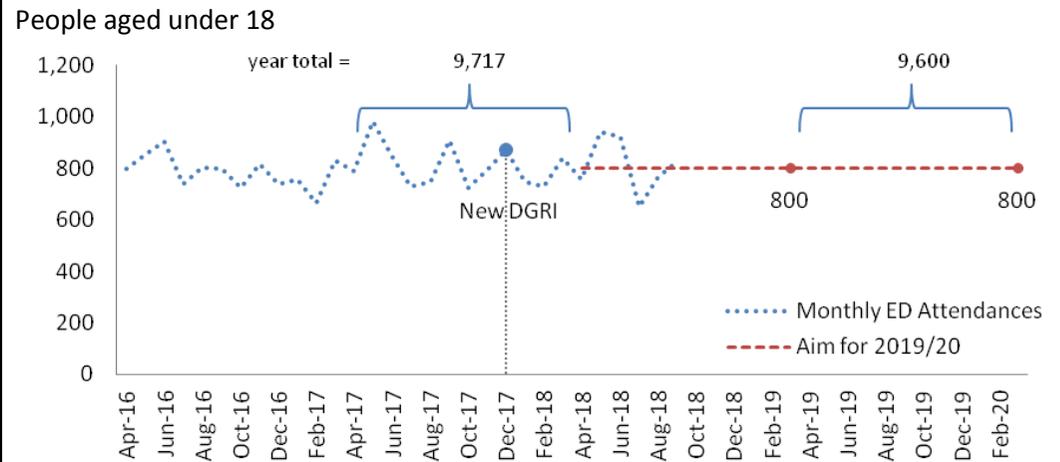
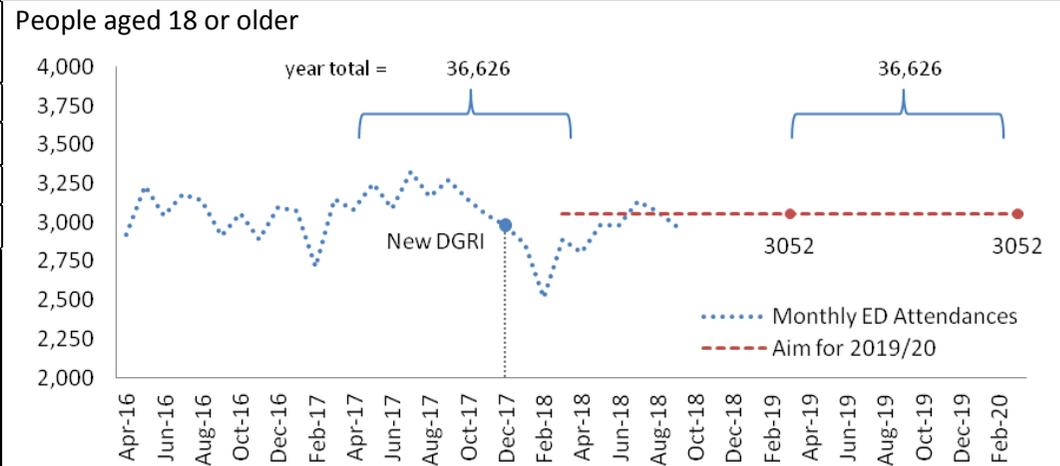
Objective	Baseline year	Baseline total	% change	Expected total 2019/20	
	People aged 18 or older				
	2017/18	26,802	+0%	26,802	
	People aged under 18				
2017/18	664	+0%	664		
How will it be achieved	Service reviews have suggested that unscheduled bed days in mental health are influenced by clinical decisions made in both community and inpatient settings. This will be achieved by ongoing bed remodelling to improve efficiency and flow; the development of earlier intervention services in community settings and the development of crisis services.				
Notes	<p>Dumfries and Galloway has not previously set an objective for unscheduled mental health bed days.</p> <ul style="list-style-type: none"> • Unscheduled bed days for people aged 18 or older have been rising, therefore objective has been proposed to maintain activity levels from 2017/18 • Unscheduled bed days for people under 18 are more unpredictable, with an average of fewer than 2 people (1.8) in a hospital setting at a given point, Therefore the objective is to maintain activity levels from 2017/18 				



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3. Emergency Department Attendances

Objective	Baseline year	Baseline total	% change	Expected total 2019/20	
	People aged 18 or older				
	2017/18	36,626	+0.0%	36,626	
	People aged under 18				
2017/18	9,717	-1.2%	9,600		
How will it be achieved	Extended GP practice support teams, ANPs, Mental Health, Prescribing Support, Physios. Review of Out of Hours services. Meet ED campaign, and social media about ED pressures. Anticipatory Care Planning Flu vaccine programme, Community infection control support, Vital Signs training in nursing homes Frailty at the front door initiative				
Notes	Overall, emergency department attendances have been rising, both in DGRI and the Galloway Community Hospital. The move to the new DGRI has included a different arrangement for managing people at the front door. <ul style="list-style-type: none"> It is difficult to ascertain how the new DGRI model will impact on ED attendances, therefore the suggested objective is to maintain activity levels from 2017/18 Emergency department attendances for people aged under 18 have been relatively static at around 9,600 per year. The move the new DGRI appears to have had little impact on pattern of attendance. Therefore the suggested objective is to maintain activity levels from 2017/18 				



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4. Delayed discharge bed days (Aged 18+ only)

Objective	Baseline year	Baseline total	% change	Expected total 2018/19 2019/20
	People aged 18 or older			
	2017/18	12,228	+0.0%	12,228

How will it be achieved

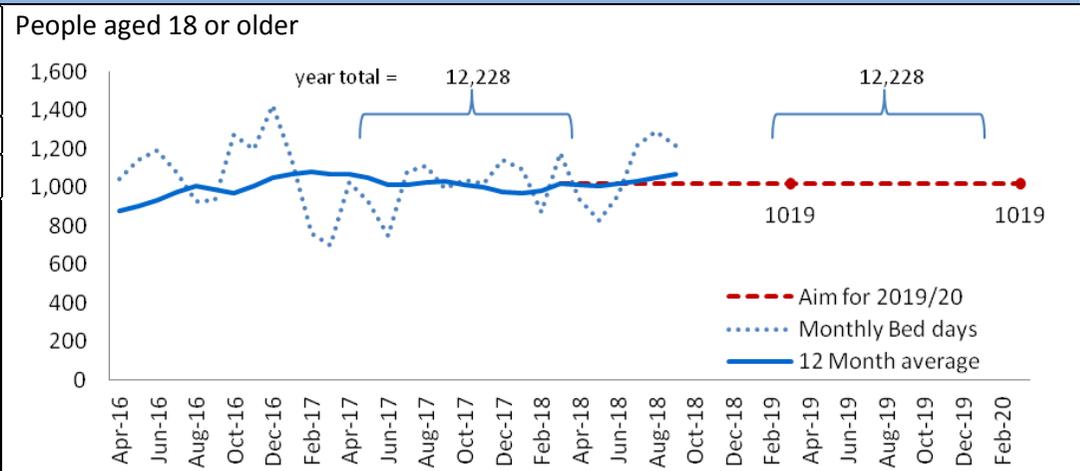
There are a wide range improvement programmes based primarily within the acute setting to improve flow such as: Dynamic Daily Discharge, Locality Flow coordinators, Day of Care audits, Week of Care in Cottage Hospitals, Improved middle grade staffing rotas, testing new discharge lounge model, 6 Essential Actions programme, Frailty at the Front Door programme

There are also community initiatives which will impact not only on unscheduled admissions but on overall lengths of stay such as: STARS and Nithsdale in Partnership re-abling in the community and Anticipatory Care Planning and promotion of guardianship and power of attorney

Notes

The target for delayed discharge bed days is currently only reported for people aged 18 and older. The Integration Joint Board previously agreed to set a stretch target for delayed bed days, following a sustained period of meeting the previous target. However, there are known issues in the community setting that are anticipated to have a knock-on effect on timely discharge from hospital

- Note that delayed discharge bed days have risen in June and July. November 2018 day of care audit showed proportion of people not meeting criteria has fallen to 14% in DGRI, and has fallen to 34% in cottage hospitals.

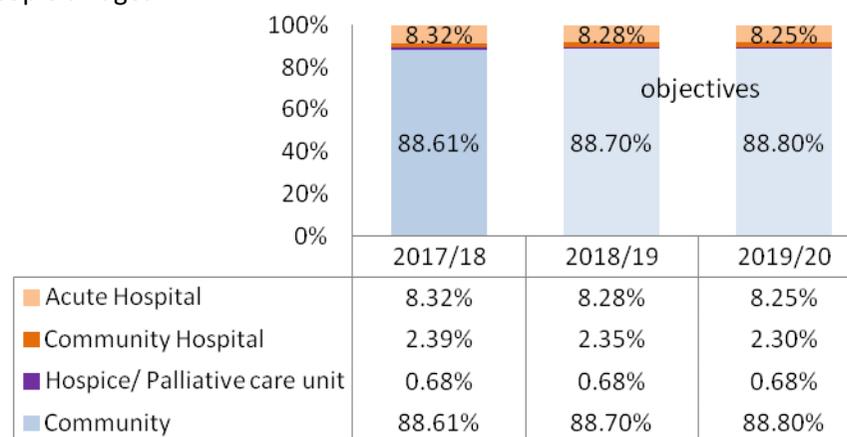


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5. Percentage of last six months of life by setting (all ages)

Objective	Baseline year	Baseline total	% change	Expected total
	Community setting			
	2016/17	88.61%	+1.2%	2018/19: 88.7%
	2016/17	88.61%	+1.3%	2019/20: 88.8%
Acute hospital setting				
	2016/17	9.11%	-9.1%	2018/19: 8.28%
	2016/17	9.11%	-9.4%	2019/20: 8.25%
How will it be achieved	Recruitment to new palliative care consultant with community model, New palliative care strategy under development, 23 month scoping project in partnership with Macmillan cancer support, Anticipatory Care Planning promotion of guardianship and power of attorney			
Notes	The partnership is interested not only in the time people spend in the last 6 months of life in community settings. We are also interested in the amount of time spent in large acute hospital settings. <ul style="list-style-type: none"> Propose to continue to focus on maintaining or exceeding the best performance of the last 3 years, increasing time in community settings and decreasing time spent in acute hospital. This equates to meeting or increasing 88.61% of people's time spent in the community and meeting or decreasing 8.3% of people's time spent in large acute hospitals. 			

People all ages



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6. Balance of care: Percentage of population in community or institutional settings (Aged 65+)

Objective	Baseline year	Baseline total	% change	Expected total 2018/19 2019/20
	Community supported or unsupported			
	2016/17	96.32%	+0.03%	96.41%
	2016/17	96.32%	+0.13%	96.42%
	Acute hospital setting			
2016/17	0.79%	-5.17%	0.75%	
2016/17	0.79%	-6.43%	0.74%	
How will it be achieved	Extended GP practice support teams, ANPs, Mental Health, Prescribing Support, Physios. STARS and Nithsdale in Partnership re-abling in the community, SAS falls initiative,Telecare/TEC programme development, SDS training, Supporting Carers through Anticipatory Care Planning			
Notes	<p>It is difficult to calculate the balance of care between institutional settings and being unsupported in the community.</p> <p>There is very little change seen from 2016/17 to 2017/18p. However, figures for people aged 65 and older show that time spent in acute hospitals has reduced modestly.</p> <p>Propose to continue to focus on maintaining or exceeding the best performance of the last 3 years.</p> <ul style="list-style-type: none"> • This equates to meeting or increasing 96.41% of people aged 65 or older's time spent in the community supported or unsupported • And meeting or decreasing 0.76% of people aged 65 or older's time spent in acute hospital settings. 			

People aged 65 or older

