

Barnet Health OSC update report

Response on the removal of the Liverpool Care Pathway

Following a long period of controversy regarding the Liverpool Care Pathway (LCP), a pathway containing guidance on providing care to the dying, Baroness Julia Neuberger chaired an inquiry into the pathway and its use. The inquiry's findings were reported in July 2013 in "More care, less pathway; a review of the Liverpool Care Pathway". Essentially the inquiry found that the principles of care promoted by the pathway were good and in line with the best available evidence, however its implementation and use in practice were sometimes poor. Therefore the inquiry recommended that the use of the LCP be phased out by July 2014. In response, the Leadership Alliance for the Care of Dying People was formed to provide national guidance for providers of healthcare on the care of dying patients. They published their report "One chance to get it right" in June 2014.

In June 2013 the Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust were separate trusts but reacted in very similar ways. Both trusts had removed the Liverpool Care Pathway by September 2013 and put temporary guidance in place to reflect the recommendations of "More care, less pathway" while waiting for the outcome of the alliance work.

Following the acquisition of Barnet and Chase Farm Hospitals NHS Trust in July 2014 the trust started work on a response to "One chance to get it right", informed by the report of the National Care of the Dying Audit for Acute Hospitals. It became clear that all the acute trusts in north London were doing similar work and we agreed to collaborate. In November 2014 representatives from the Royal Free London, UCLH, Whittington and North Middlesex hospitals met and agreed to develop an approach in collaboration. The aim is to create:

- a protocol for care for the dying planning
- a nursing care plan for dying patients
- prescribing guidelines for care in the last few hours and days of life
- a leaflet explaining what to expect and the care planning process for patients and those important to them.

The aim is not necessarily that the forms/leaflets etc will be exactly the same since each trust has small differences, but that the approach and paperwork will be broadly the same and will give guidance on providing the best possible, evidence-based care and support to patients and their loved ones.

Additionally this will need to be supported by a robust education programme for our staff. At the trust we are currently planning this and the pilot of the new paperwork (planned currently for mid-February).

National guidance recommended that all acute trusts designate an executive director to have responsibility for end-of-life care. Deborah Sanders, director of nursing, has taken this position for the trust.

Winter pressures

At Barnet Hospital and the Royal Free Hospital, in common with hospitals across the country, we are currently experiencing increased demand for our emergency services.

Attendances at Barnet Hospital emergency department continue to grow and were 13% higher in December 2014 compared to December 2013. Attendances from Enfield patients have increased in the last four weeks, 7.2% up against the preceding six weeks. This is predominantly walk-ins (which rose 9.5%). Attendances from East and North Hertfordshire have increased 22.6% over the last four weeks, ambulance attendances show the largest surge.

A growing number of patients are choosing to access urgent healthcare via emergency departments. A recent Citizens Advice Bureau survey of 900,000 people found that 18-34 year olds are more than twice as likely to attend emergency departments or walk-in centres as those aged 55 and over - and that they are far less likely than older people to be able to see a GP when they need to.

The trust strives to deliver the best possible care and this includes ensuring that no patient is made to wait longer than necessary for treatment. With this in mind measures have been put in place at both sites which we hope will help us meet our target of seeing at least 95% of emergency patients within four hours through the remaining winter months.

This includes the provision of additional staff at our emergency departments, opening additional beds, more GP support at the urgent care centre at Barnet Hospital and additional therapy support for elderly care wards.

From 15 January there will be a weekly 'urgent care summit'. The meeting will be chaired by the chief operating officer at Barnet CCG. The meetings will co-ordinate local action plans to support and alleviate the pressures on emergency services and will include consideration of local community and social care services.

Membership includes cross borough senior decision makers from the partner organisations including health and social care commissioners, health and social care providers and London Ambulance Service.

System resilience funding of £1.849m has been allocated by NHSE for a variety of schemes designed to:

- reduce pressure on the frontline emergency department at Barnet Hospital
- increase availability of the urgent care centre at Chase Farm Hospital
- ensure more timely discharge for in-patients thereby improving bed flow and access for emergency admissions
- provide enhanced emergency and crisis services for mental health patients and alternatives to in-patient admission
- increase services designed to prevent short stay hospital admissions
- provide extra GP support for the NHS 111 service
- improve services for women requiring emergency gynaecological assessment and treatment as an alternative to attending the emergency department.

Through a combination of the system resilience funded schemes above and the cross agency and cross borough working described the trust is confident that performance will improve during January and February 2015.

Many of the high impact system resilience schemes are funded until the end of April 2015. Over the past three years April has been one of the most challenging months of the year.

The trust and its partner organisations will analyse performance this winter and ensure lessons learned are factored into plans to manage next winter.

Parking

The trust introduced new parking enforcement measures to manage parking at Chase Farm Hospital (CFH) and Barnet Hospital (BH) in staff, patient and visitor areas on 1 September 2014. We introduced these changes in order to provide adequate, easily accessible parking for disabled badge holders, patients, visitors and eligible staff.

The system is automated, with automatic number plate recognition cameras in use to monitor vehicles parking at the hospital. At CFH automatic number plate recognition cameras are used in the multi-storey car park. All other areas of the site have pay-and-display ticket machines.

As with all new systems there were some issues in the first couple of months which we have worked through.

To improve awareness and ensure everyone is aware of the changes we have:

- placed flyers on cars across both sites and in reception areas, wards and out-patient departments
- put additional signage in place
- updated the staff intranet and communicated further messages to staff
- positioned new pull-up banners in key public areas at both sites
- displayed information in restaurant areas
- advertised on hospital radio
- placed adverts in the Barnet Press and Enfield Advertiser newspapers
- added three new registration terminals - BH reception, BH emergency department and CFH Highlands Wing.

Information about parking is also available on our website and over the phone for anyone wishing to know the arrangements before arrival.

We are committed to providing parking facilities for disabled badge holders as close to the hospital entrances as possible. A minimum of 10% of public parking is now for the exclusive use of disabled badge holders. These marked bays are free of charge and will allow a maximum stay of four hours. Each driver must register his/her disabled badge and vehicle registration number to avoid receiving a parking charge notice. The registration is a one-off, so those who visit regularly will need to take no further action after their first visit (unless they change their vehicle). More than one vehicle may be registered for each patient.

The BH leaflet, CFH leaflet, BH banner, CFH banner and the information displayed in restaurant areas are included for information.

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