

## WEC rapid feedback to share with partners

### Meeting of 4<sup>th</sup> May 2023

#### Summary of Discussion

As agreed at WEC in May 2022, we will produce summary of discussion alongside key actions within 24 hours of the WEC meeting, with more detailed notes and action log to follow.

**In attendance:** Sarah Dugan (Chair), Christine Blanshard, Chris Cashmore, Carole Cumino, John Devapriam, Mari Gay, Sue Harris, Hollie Hastings, Ruth Lemiech, Nicola Malyon, Lisa McNally, Jo Newton, Jo Ringshall, Simon Trickett, Roy Williams, Jonathan Wells, Simon Dixon  
In attendance: Lynda Dando, Alicia Dunsby

#### **Performance reports by exception**

**Elective:** Inevitably there have been some setbacks in performance due to recent industrial action, although the trust has worked hard to minimise that. Cancelled operations due to junior doctors should be rescheduled this week. We do not yet have data on the impact of the nursing strikes. There is an added complication due to an infestation at the ALX site, which will necessitate deep cleaning and may impact on day surgery. Discussions are underway balancing the clinical and operational risks. Delivery of the 78 week target remains a challenge and solutions to help support delivery will be shared next month.

**Cancer:** Good progress is being made in reducing backlogs even in the most pressured specialities such as urology. Acknowledged the need to differentiate between increased referrals that are appropriate and general increase that is not warranted. Additionally, FIT testing guidelines have now been implemented which should reduce colorectal referrals and AI in dermatology should also have a positive impact, though too early to assess this yet.

**Home First:** The urgent care position remains very challenged although staff have responded admirably, especially through IA pressures. The numbers of ambulance conveyances has reduced although there has been a slight increase in the number of walk-ins. The home First governance refresh is being tweaked to take account of the recommendations of the recent Ian Sturgess report in addition to the OCT review. This will include review of SRO's to ensure alignment across place. General practice colleagues are keen to be part of the Home First group but let changes to meeting schedules has been challenging for GP's to accommodate. There is an opportunity to take account of the Fuller report recommendations as part of the refresh of Home First governance.

Home First had previously agreed to the change in opening times for POWCH MIU to be made permanent, but this may be reconsidered due to the financial position.

#### **Update on system financial position**

Nicola Malyon reported that we collectively delivered on our target last year, subject to audit (deficit of £14.8m). We did not deliver on our agency cap target of £49m, ending the year £23m above this.

The agency spend work this year is being led by Katie Hartwright, Director of People, with an aim of reducing agency spend by £23m.

Simon T reported that he expected to have our plan 23/4 plan with a deficit similar to last year's, signed off. The ICB board met earlier in the week to discuss how a feasible and credible plan could be reached that would be acceptable to the centre. There will be an efficiency expectation and plan would also need to take account of podiatry, optometry and dentistry (POD) delegation. Need to exploit positive opportunities at place and system – posts and functions we can share across systems as anticipate significant rigour with regards to vacancies, with NHSE involvement. Role of NHS leaders is to be relentlessly optimistic in the face of these challenges!

- Nicola agreed to share slides next month and set out the implications of the financial settlement on the way we help each other to deliver our plans.
- Finance will be a regular feature of the WEC agenda moving forward as we cannot afford to go off track.
- Request an update from Katie at the next meeting with a focus on agency spend.
- Winter planning workshops will start in June – ensure appropriate representation from place.

#### **MOU WHAT & WH&CT – Delivery plan**

Sue shared the slides and talked through at a high level all of the group work. There are also numerous development opportunities, for example around frailty, supporting people with dementia and integration of therapies to include consideration of rotational roles. This provides a framework for joint working and always asking whether there are benefits to working collectively on projects.

#### **Primary Care Networks**

Hollie updated that we are seeking a workshop date for the Fuller discussion and trying to link that to an introductory session from Claire Fuller who has agreed to present to us. The information shared for 6<sup>th</sup> April workshop, which had to be cancelled last minute, continues to be the approach we will adopt at place.

The additional funding for overflow and Acute Respiratory Infection (ARI) hubs ceased at the end of March, although have profiled some of the hours to support the May bank holiday periods, this will be a significant gap and impact on ED activity.

Nationally mandated access improvement plans need to be submitted by the end of June. Practices across the county are collaborating to produce these. As we already have good primary care access, Worcestershire focus will be on maintaining these.

The first General Practice Worcestershire Board was held at the end of March, looking at areas to support workload, transformation and innovation. Separately, the work to develop the GP Countywide provider model is also going well.

Roy flagged the significant pressures and system risks that the cessation of the overflow and respiratory hubs will create, compounded by new guidance that from 15<sup>th</sup> May, patients cannot be asked to call back and must be dealt with on the day, which may increase activity being redirected to alternatives e.g. 111 and ED. Potential for redirection to pharmacy for

resolution may be restricted by number of pharmacy positions filled by locums – discussion ongoing with Academy ref Pharmacy School to create future pipeline.

**Clinical Leadership - CPF**

Roy referenced the paper and highlighted the excellent work of the intensive asthma service which had achieved impressive results and is a great example of collaborative working.

**Integrated urgent care and out of Hours Re-procurement**

Ruth shared the slides (see below) and talked through the integrated clinical vision, crystallising the likely phase one out of hours re-procurement: Out of hours GP provision; Single Point of Access and Clinical Assessment Service; Urgent community Response; primary care leadership for virtual wards; acute GP provision based in our two emergency departments.

**Digital Developments**

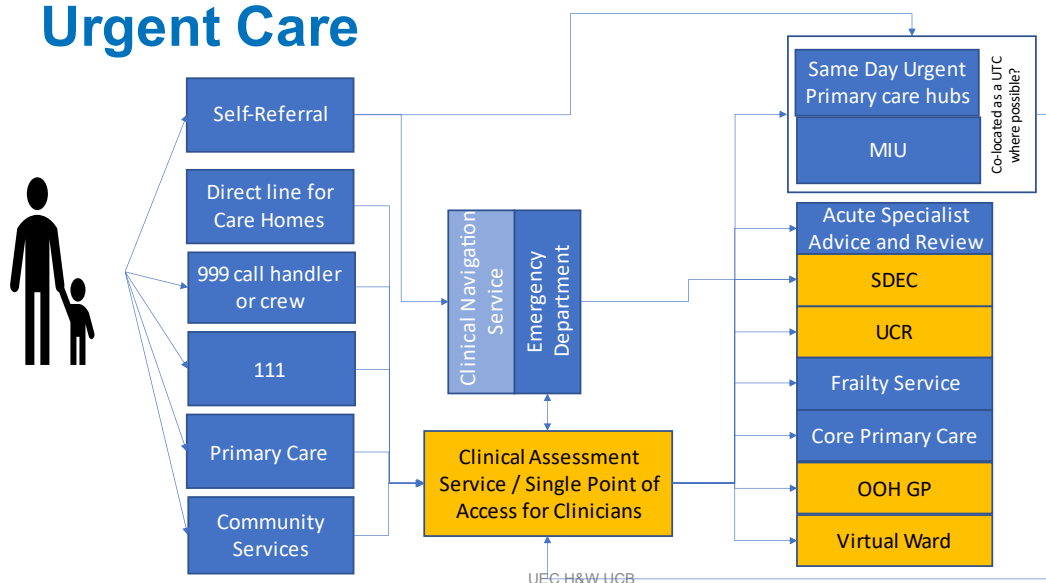
Simon Dixon, new ICB Director of Digital and Infrastructure, joined the meeting as part of his induction. Alicia shared an overview of the digital strategy slide deck and discussion was held about how we can use this to mitigate inequalities. There are key risks around funding changes and the breadth of the agenda. Lisa McNally offered to work with the District Collaboratives to understand the digital work going on in Districts and how this can be supported.

**Place Director’s Report**

Ruth pulled out some highlights from her report, and flagged some items that would be coming to future agenda’s. Section 7 included a high level overview of the place plan which will come to future meetings.

The next WEC meeting will be Thursday 1<sup>st</sup> June.

## A Vision for Worcestershire Integrated Urgent Care



# Integrated Urgent Care Phase 1

- Propose to go out to procurement for an integrated Urgent care service, which includes the following:

Description	Operating hours
Out of Hours GP provision Urgent Medical care. All existing exclusion continue. Accessed via 111 or local CAS	Mon-Fri 6:30pm – 8am. Weekends and bank holidays.
Single point of access comprising of a Clinical Assessment Service (CAS), which integrates with the emerging Care Navigation Hub	24/7, 365 days
GP Consultant advice service for Urgent Community Response (UCR) service	24/7, 365 days
Primary Care leadership for Virtual Wards	8am – 8pm, 7days
Acute GP provision (initially based in our two Emergency Departments, though no dedicated space in WRH new ED) with an agreed navigation model from Emergency Departments.	10am-10pm 7 days

UEC H&W UCB

Ruth Lemiech  
 Director of Place Development  
 5<sup>th</sup> May 2023