Sustainable Resource Committee
Deep Dive: The Carmarthenshire Model

27 February 2024, Microsoft Teams

Current Position

GIG
CYMRU
NHS
WALES | Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- Overcrowded Emergency Department/Acute Medical Assessment Unit/Minor Injuries Unit with 20-30 unplaced patients - additional staff for surge

- Increasing medical admissions

- Increasing older fail medical admissions and complexity

- Length of Stay for 21 days+ significantly higher than where it should be

- Orthopaedic outliers into surgery and pathway delays also leading to Emergency Department having surgical unplaced for emergency pathways

- Community Hospitals' Length of Stay too high and a waiting area for the next stage of discharge

Summary Financial Position – January (Month 10)

Variance	In-Month	Year to Date	Year Forecast
GGH	£773,000	£6,225,000	£7,652,000
PPH	£346,000	£1,503,000	£1,925,000
Carms County	£72,000	£599,000	£744,000
Total	**£1,191,000**	**£8,327,000**	**£10,321,000**

Variance	In-Month	Year to Date
Income	£30,000	-£76,000
Pay	£946,000	£7,525,000
Non-Pay	£215,000	£876,000
Total	**£1,191,000**	**£8,327,000**

Key Financial Drivers
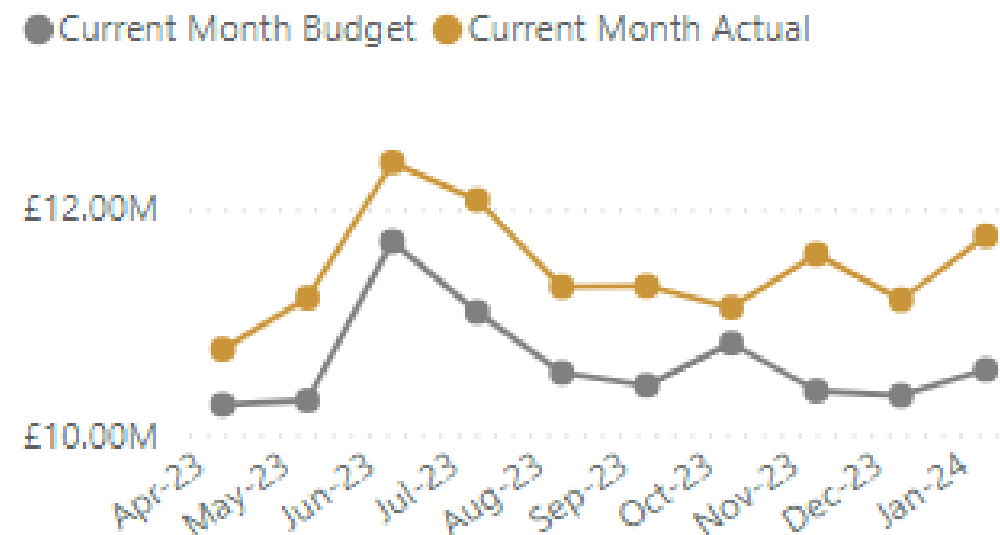
- Agency nursing – plans in place to reduce (Accident and Emergency/Acute Medical Assessment Unit)

- Medical locums – significantly reduced challenge is Emergency Department

- Plan to improve junior position key issue is August rotation

- Sickness management plans in place

- Pathways of Care Delays highest across the counties key is preventing admission and secondary Length of Stay > 72 hours for older frail adult

- Carmarthenshire 99% Prince Philip Hospital and 75% Glangwili Hospital

High Level Average Bed Cost of Community Beds (Direct Costs)

Unit	County	P9 Spend	Rolling 12 Months Cost	No. of Beds	Annual Cost per Bed (£k)	Additional % cost compared to Y Lolfa
Sunderland Ward	Pembs	202	£2,575	40	£64.38	31.4%
Llandovery	Carms	98	£1,276	15	£85.07	73.6%
Amman Valley	Carms	141	£1,598	28	£57.07	16.5%
Y Lolfa*	Carms	48	£735	15	£49.00	
	Carms		£3,609	58	£62.22	
	Pembs		£2,575	40	£64.38	

* 15 unfunded beds + 3 Surge beds, currently surged to 19

	Nov			Dec			2024 Jan		
Overall LOS	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS
Glangwili General Hospital	472	5947	12.6	499	5532	11.1	454	5141	11.3

	Nov			Dec			2024 Jan		
LOS <21 days	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS
Glangwili General Hospital	407	1964	4.8	431	2240	5.2	401	2175	5.4

	Nov			Dec			2024 Jan		
LOS >21 days	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS
Glangwili General Hospital	65	3983	61.3	68	3292	48.4	53	2966	56.0

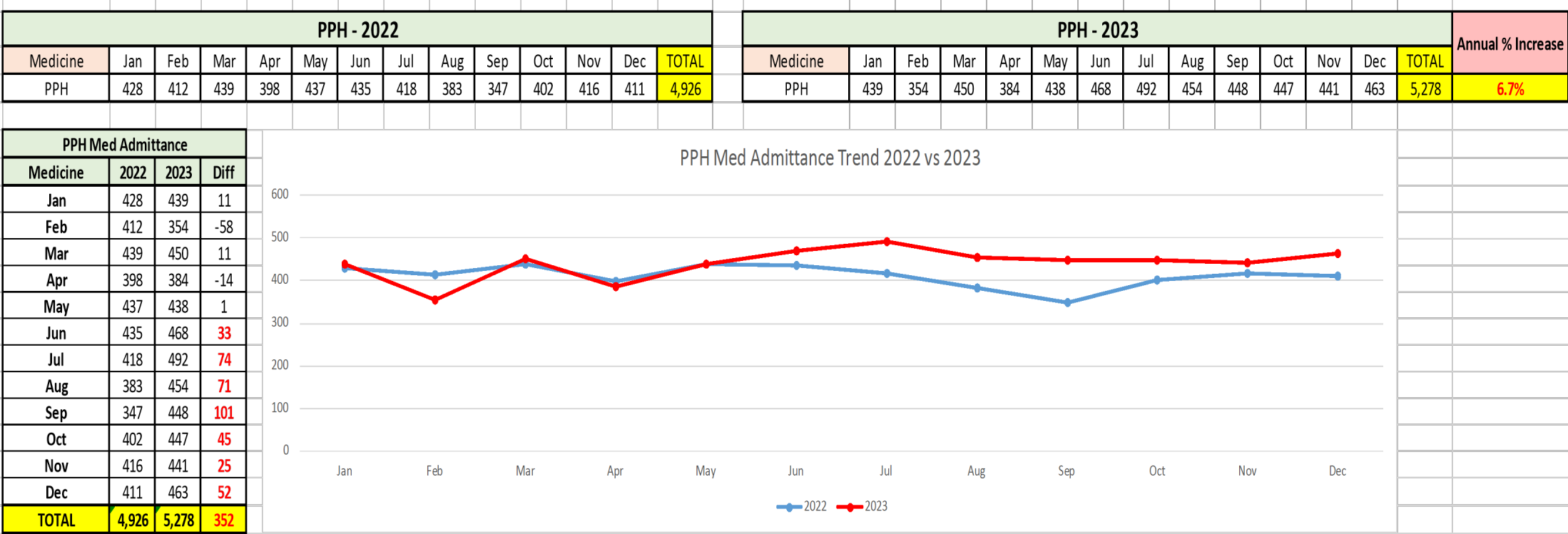|	Nov			Dec			2024 Jan		
Overall LOS	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS
Prince Philip Hospital	453	5048	11.1	488	6067	12.4	488	5568	11.4

	Nov			Dec			2024 Jan		
LOS <21 days	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS
Prince Philip Hospital	397	1483	3.7	422	1658	3.9	421	1763	4.2

	Nov			Dec			2024 Jan		
LOS >21 days	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS	Count of CRN	Sum of LOS	Average of LOS
Prince Philip Hospital	56	3565	63.7	66	4409	66.8	67	3805	56.8

Glangwili Hospital Medical Admissions (excluding Same Day Emergency Care)

GGH - 2022													
Medicine	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
GGH	427	367	366	455	365	402	387	387	354	384	351	385	4,630

GGH - 2023														Annual % Increase
Medicine	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	
GGH	434	379	430	541	441	461	448	541	468	483	463	507	5,596	17.3%

GGH Med Admittance			
Medicine	2022	2023	Diff
Jan	427	434	7
Feb	367	379	12
Mar	366	430	64
Apr	455	541	86
May	365	441	76
Jun	402	461	59
Jul	387	448	61
Aug	387	541	154
Sep	354	468	114
Oct	384	483	99
Nov	351	463	112
Dec	385	507	122
TOTAL	4,630	5,596	966

GGH Med Admittance Trend 2022 vs 2023

This excludes medical patients in the Emergency Department who are discharged from the Emergency Department as no bed

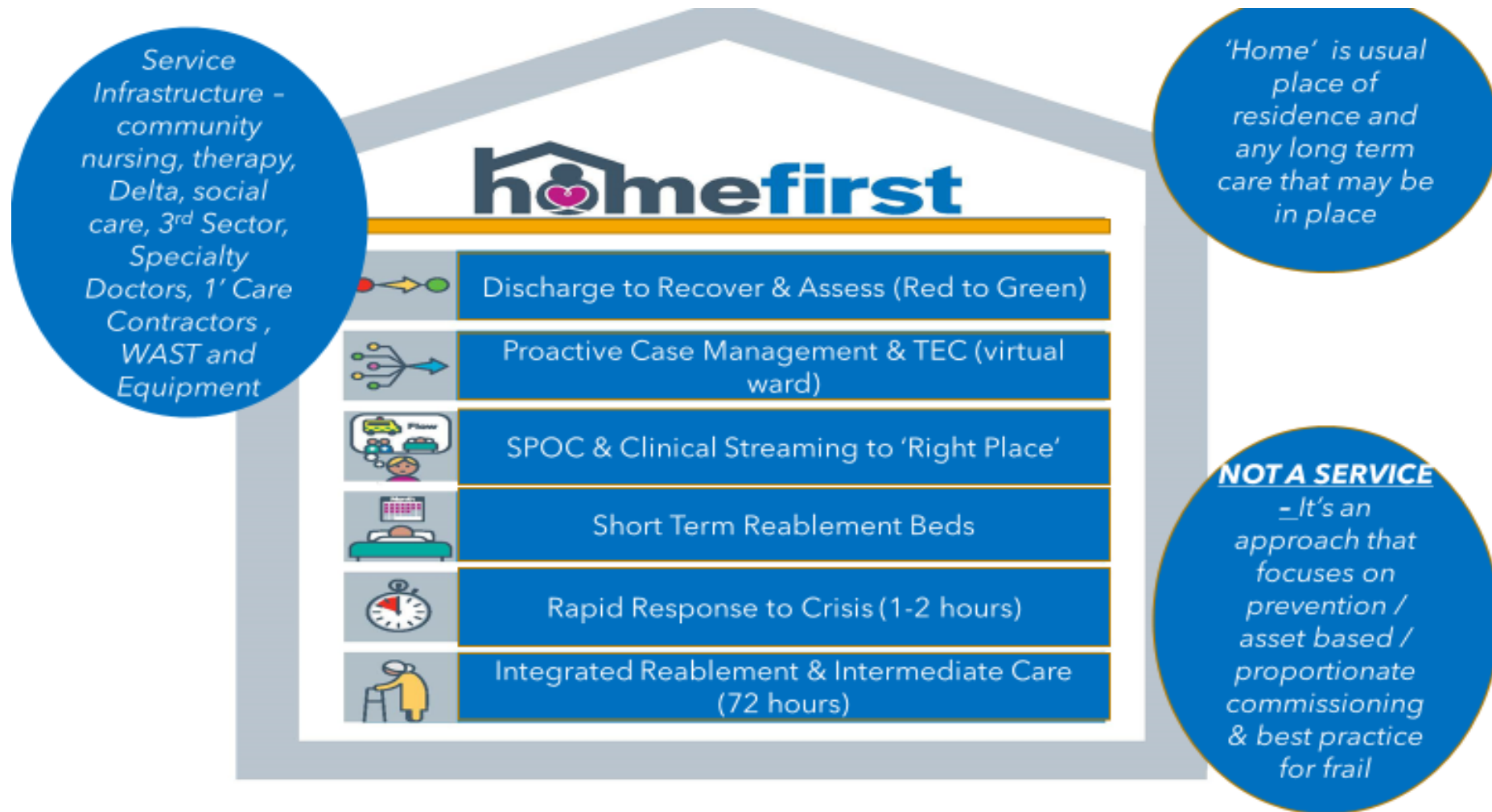# Prince Philip Hospital Medical Admissions (excluding Same Day Emergency Care)

PPH - 2022													
Medicine	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
PPH	428	412	439	398	437	435	418	383	347	402	416	411	4,926

PPH - 2023														Annual % Increase
Medicine	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	
PPH	439	354	450	384	438	468	492	454	448	447	441	463	5,278	6.7%

PPH Med Admittance			
Medicine	2022	2023	Diff
Jan	428	439	11
Feb	412	354	-58
Mar	439	450	11
Apr	398	384	-14
May	437	438	1
Jun	435	468	33
Jul	418	492	74
Aug	383	454	71
Sep	347	448	101
Oct	402	447	45
Nov	416	441	25
Dec	411	463	52
TOTAL	4,926	5,278	352

PPH Med Admittance Trend 2022 vs 2023

Carmarthenshire Model

Building Blocks for Health & Care System for Older People in Carmarthenshire

Home First Approach 7/7

Integrated Long Term Care Provision

Efficient Access to Urgent Care in Community

Proactive Monitoring and TEC (Delta Connect)

Risk Stratification of Vulnerable Groups Targeted Proactive Focus

Demand & Capacity Assessment Infrastructure Redesign

Governance

ADULT LIFECOURSE
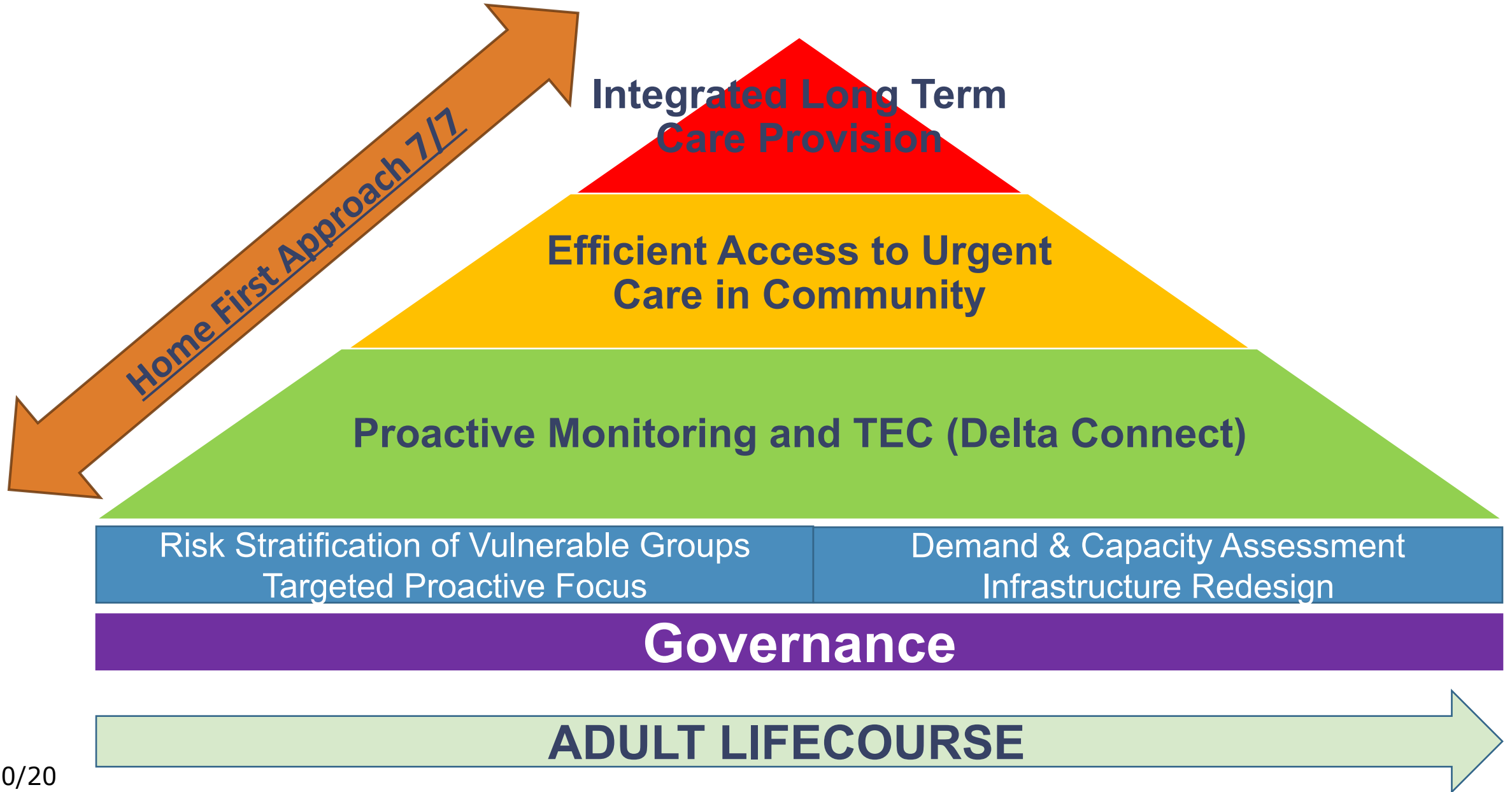
Home First

Home First Services are streamlined through a single point of access that provides access to all crisis and short term urgent or intermediate care in the County which aims to achieve three main outcomes for the population:

- **Prevent admission to hospital:** People who are medically suitable for treatment in the community are supported in their own home by the multi-disciplinary response

- **Facilitate discharge from hospital:** People are discharged from hospital as soon as clinically-optimised for a period of assessment and rehabilitation at home, or in one of our bed-based facilities

- Triage out of statutory services and to consider a strengths-based approach looking at the individuals' assets and those of family & friends as a starting point rather than going directly to commissioned care as a solution

- Introduction of Community Gateway proportionate assessment & Trusted Assessors

Challenges

- Despite good outcomes – barriers continue to exist. For Glangwili Hospital 75% of inpatients live in Carmarthenshire. The other 25% are mainly South Ceredigion and Pembrokeshire

- Our organisations are not designed to manage the number or complexity of our frail population

- Care approach for older adults should be asset-based and focus on 'what matters' – not system-wide and contributes to NHS acute demand/flow pressures

Challenges

- Community capacity has not grown relative to the population growth in last decades and financial constraints of the Health Board, Local Authority and freeze on critical grant funding poses a significant risk going forward
- Infrastructure does not match increasing levels of complexity and frailty in our community bed base – Integrated Support Workers/ redesign of Community Hospitals

Next Steps and Opportunities

- Heath and Care System for Older People that coordinates an asset-based/has preventative approach and adopts best practice for care management for this population
- Repurposing Community Hospitals to provide better access for step up (TPP model)
- Deliver Phase 2 at pace – Integration with Primary Care and wider community to enhance admission avoidance
- Home First triage with Same Day Emergency Care and support at the Front Door of Glangwili Hospital (pilot)

Next Steps and Opportunities

- Introduction of Advanced Nurse Practitioners into GP Out-of-Hours – further opportunities to integrate with Delta (funding dependent)
- Continued development of APP Nav model and onboarding of more APP's from April onwards
- Step down of patients who require enhanced monitoring on a community based virtual ward via Home First as a precursor to Primary Care

Community Hospitals

- Amman Valley Hospital to become post # NOF pathway and step/down beds
- Modernise community hospitals
- Review specialist palliative care model

Acute Model to Support

- Reduction 21 day+ Length of Stay with escalation panel

- Improved front door support with frailty senior review
  - Prince Philip Hospital frailty Advanced Nurse Practitioner
  - Glangwili Hospital pathway co-ordinator and GP frailty front door

- Wider communication and public messaging

Model to Support

- Enhancing Home First and stabilise APP navigator
- Expansion virtual ward
- Community Advanced Nurse Practitioner in reach into front door
- Enhanced front door models Glangwili Hospital/Prince Philip Hospital
- Same Day Emergency Care review at Glangwili Hospital
- Pathway development avoiding Emergency Department
- Modelling of all emergency and elective pathways

Recommendation

Sustainable Resources Committee is asked to: -

- **NOTE** the Deep Dive into the Carmarthenshire Model

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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NHS
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