

NHS Rotherham Clinical Commissioning Group

Primary care sub-group – 29 November 2017

Primary care committee – 13 December 2017

Escalation Management System

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Purpose:	
The purpose of this paper is to update the committee regarding the implementation of the Escalation Management System in Rotherham.	
Background:	
<p>A&E Delivery Board has agreed to adopt an Escalation Management System (EMS) which responds to, and reflects, pressures within the local health economy. It sets an escalation level for Rotherham Foundation Trust (Acute and Community, OOHs), YAS (local indicators), Social Care and Mental Health and provides visibility to partners on the pressures facing the organisations. The web based system is capable of alerting staff via email or text message when the escalation level changes. There are four escalation levels that will operate throughout the year, which have been aligned to the Opel Levels required by NHSE.</p> <p>Level 1 – Normal working Level 2 – Moderate pressure Level 3 – Severe pressure Level 4 – Extreme pressure</p> <p>Each EMS level has triggers with a series of actions that is proportionate to the degree of pressure in the system. The online tool has the capability to produce reports which analyses trends in escalation (i.e. days, weeks, months of the year), it can also highlight particular triggers that are continually causing concern and provides a teleconference facility including the ability to disseminate actions agreed on the escalation calls to all partners.</p> <p>Local telephone conferences take place every Monday morning during the winter period to share any issues affecting local services and to discuss and agree any actions to be taken throughout the week. The level of escalation will be monitored and actions (based on action cards/flash cards NHSE) agreed routinely to support the planning of increases in demand and mitigate further escalation. It has been accepted by LMC that at Level 3/4 for primary care, practices will be asked to deploy any clinicians currently on non-clinical duties to patient facing duties with an appropriate additional payment.</p> <p>The Monday calls include representation from YAS, Social Care, RDaSH, TRFT (including acute and community), RCCG and potentially VAR. When EMS hits Level 3, local telephone conferences will also be held with the same representation either on a daily or twice-daily basis, until any issues have de-escalated. This system is well established in Rotherham and is used in periods of high escalation throughout the year. In addition to this there is now a weekly operational A&E group which includes primary care representation to also feed in how busy primary care is along with potential actions which could be taken to relieve pressure on 4 hour achievement.</p> <p>SYB is currently looking at full implementation of the EMS to support escalation across the patch as</p>	

well as local.

Analysis of key issues and of risks

There is the ability for the EMS to be extended into general practice. This would enable general practice to provide an update to the system of how busy it is and what steps they are taking i.e. putting in additional capacity to respond which is missing at present. It will also enable practices to see how busy the rest of the system is. It will however involve a task for the practices to keep this updated.

It is proposed that the EMS is extended to primary care but the requirement to input is only required when the system is heading to level 3 and is co-ordinated via the Federation rather than individual practices being required to be trained and to input information. The Federation could ring a proportion of practices (North, South and Central) to establish how busy the system was and then input this onto the EMS.

Financial Implications:

The cost for extending to primary care is already incorporated into the cost of the system for Rotherham.

Human Resource Implications:

N/A

Procurement:

N/A

Recommendations:

To approve the proposal to implement EMS reporting during periods of severe/extreme pressure via the Federation.