

Worcestershire Health Overview And Scrutiny Committee

9 January 2024

[Agenda for Health Overview and Scrutiny Committee on Tuesday, 9th January, 2024, 10.00 am - Worcestershire County Council \(moderngov.co.uk\)](#)

HEALTH AND CARE SYSTEM PLANS TO REDUCE INAPPROPRIATE ADMISSIONS TO HOSPITAL

Virtual wards

There are currently 12 beds in the ongoing trial taking place in Wyre Forest. At the time of this meeting all 12 beds were being used, up to 18 beds were used in the first week of January but this was very challenging. In the trial is successful but issues have arisen around connectivity issues, engagement from clinicians and retrieval of kit after patient is discharged from service. In order to streamline the service and expand this service work is ongoing with suppliers of the kit regarding onboarding, ongoing call centre support and collecting kit after discharge to help the teams focus on patient care. The trial has found that having multiple providers of the kit can be an issue.

Frailty

There is a lot currently being done on prevention across Worcestershire. Due to the aging population this is going to become an increasing area of focus and much more work will be needed. Communication with people who are frail or likely to become frail is very important and the local health care trusts are looking into how to get the messaging out including working with the voluntary sector. Deterioration packages for care homes have been developed and there is a single point of contact now available to provide advice and guidance 24 hours a day from dedicated GP. The Health and Care trust is working with 66 care homes, there are 125 old people residential settings but not all will have a care aspect.

Single Point of Contact

The single point of contact is a service for health care professionals. This is helping prevent GP's from referring patients into A&E unnecessarily. Work is ongoing to encourage GPs to use the service. Work is also continuing to add more appointments for GPs to help patients avoid A&E. Unfortunately, it seems that 111 is still sending people to A&E when not necessary. It must be GP first, then 111 then community hospital. A&E should only be used as the last port of call and for life threatening instances. Triage is important, 70% of walk ins have been directed there through another medical person such as GP, 111 or similar. An engagement session found that many young people attending A&E hadn't tried to contact GPs or 111 at all and this needs further investigation as to why this is happening. To try to reduce pressure on emergency care doctors, 2 GPs have been put into A&E and this is helping.

Comms

A lot of thought was put into comms over the winter period to try to encourage people to primary care and keep them out of the ED. Unfortunately, it had very little effect on numbers coming into the service. New ways of utilising social media will be looked at consequently.

Councillor Emma Marshall

Redditch Borough Council Representative on the Worcestershire Health Overview and Scrutiny Committee