

BSW B&NES Winter Update Health and Wellbeing Board

April 2025



Winter summary – 24/25

- Another challenging Winter with increased demand, ambulance handover delays and access waiting times
- **HOWEVER**B&NES locality consistently delivered the target of no more than 20 patients with No Criteria to Reside status in the RUH. This week the numbers waiting are in single figures. B&NES target reduced to range of 17 or under from April 1st 2025
- Revised P1 process (people being discharged back to normal place of residence with health and/or social care support) in place which has further reduced delays
- Known challenges remain particularly around access to specialist dementia care home beds

Early Winter system review – BSW

What went well:

- CYP Acute Respiratory Illness (ARI) hubs
- BSW Pharmacies signed up to Pharmacy first
- Sharing of Infection Prevention and Control risk
- Clear comms plan
- Rapid respond to resolving issues
- Mutual support

What didn't go so well:

- Organisational silos rather than a system approach
- Lack of 7 day working across the system
- Ambulance handover delays
- Late delivery of the vaccination programme
- NHS 111 – referral rates for minor illness could be improved

What was missing:

- Plan earlier with escalation rather than reactive actions
- Greater input from Primary Care & Mental Health into UEC space to ensure better understanding of competing pressures
- Variation of Hospital@Home across the ICS – noting high utilisation in B&NES across RUH and HCRG models
- System plans need to be collaboratively developed and owned

Acute Respiratory CYP Illness Hubs - Background

- Acute Respiratory Infections (ARIs) are one of the largest causes of emergency department (ED) attendances nationally
- ARI Hubs provide additional capacity, timely access to same day urgent assessment and preventing hospital attendance and ambulance conveyance.
- The [Getting it Right First Time \(GIRFT\) programme national specialty respiratory report](#) (March 2021) states that respiratory problems were among the most common reasons for general practice consultations and for acute hospital admissions even prior to COVID-19, and that admissions are growing at around 13% annually.
- However, the unprecedented level of ED attendances, as high as 60% above pre-pandemic levels for children and young people aged 2 to 10, is not translating into increases in emergency admissions. This highlights the opportunity to reduce pressures in urgent and emergency care (UEC) by strengthening community-based approaches to better support lower-acuity presentations.

ARI Hub Model(s)



For winter 2024-25, BSW ICB aimed to commission ARI Hubs for CYP using a single specification to cover B&NES, Swindon and Wiltshire.



CYP could attend their nearest clinic within the BSW geography



Due to the timing of funding, providers needed to mobilise quickly



As a result, there was variation in the provision in each Locality

Only the ARI Hubs in B&NES and Swindon had models based on the CYP specification.

The Wiltshire model was based on a previous model of additional winter capacity, with priority given to CYP

ARI Model overview

B&NES (BEMS)

- **Dates:** 18/11/24-14/03/25
- **Provision:** Mon – Fri 13:00-17:30, rotating to different sites step-up/down capacity.
- **Location:** across 7 sites in B&NES with focus on known areas of deprivation:
 - Bath (Combe Down Branch Surgery),
 - Bath (St Michael's Surgery)
 - Bath (Newbridge Surgery)
 - Bath (Widcombe Surgery)
 - Midsomer Norton, Radstock and surrounding areas (Hope House Surgery)
 - Midsomer Norton, Radstock and surrounding areas (Hillcrest Surgery)
 - Keynsham (St Augustine's Medical Practice)
- **Referral source:** All appointments are remotely booked by GP practices
- **Age:** CYP

Swindon (Brunel Health Group)

- **Dates:** 02/12/24-08/01-25 (CYP); 08/01/25-14/03/25 (all age)
- **Provision:** Mon - Fri 8.30 to 12.30
- **Location:** Swindon Health Centre
- **Referral source:**
- **Age:** CYP until 08/01/25, then all-age

Wiltshire (SWiC)

- **Dates:** 06/01/25-02/03/25
- **Provision:** Mon – Fri 18:30-22:00; Sat-Sun 10:00-16:00
- **Location:** Salisbury Walk-in Centre
- The additional capacity will be used for all patients, however children will be prioritised to ensure waiting times are as short as possible.
- **Referral source:** Self-referral, GP, 111, Pharmacy
- **Age:** all-age, with CYP prioritised

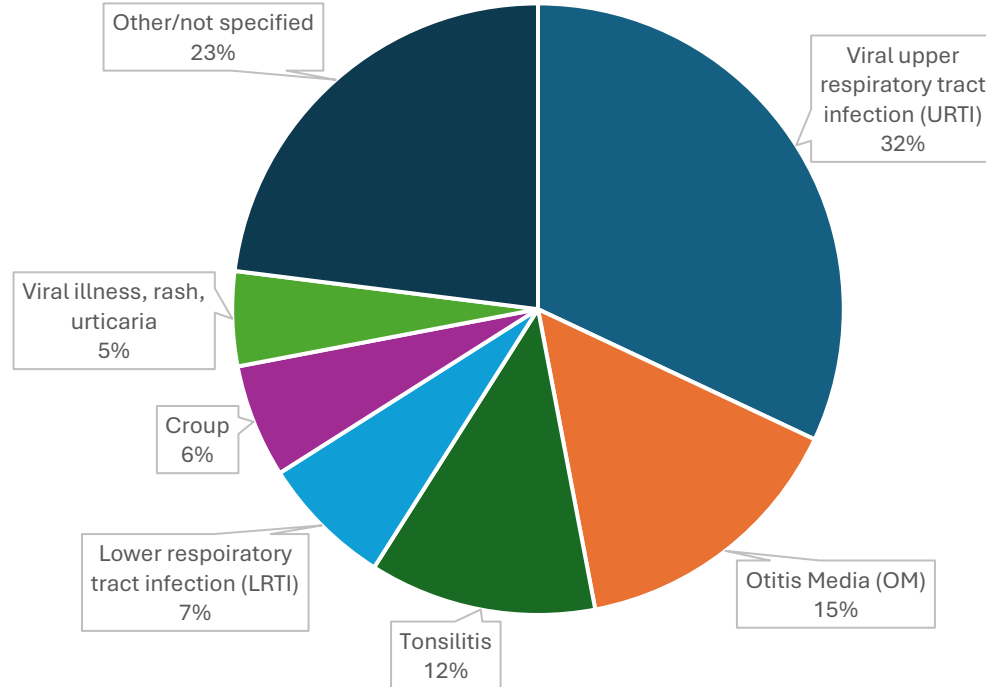
Activity

| | Apts available | Apts booked | Utilisation | | | | | | U16 Population (2021 Census) | Coverage |
|-----------------------------|----------------|-------------|-------------|-----|-----|-----|-----|-----|---------------------------------|----------|
| | | | Total | Nov | Dec | Jan | Feb | Mar | | |
| BEMS (B&NES) | 1,054 | 1,211 | 87% | 98% | 96% | 84% | 78% | 88% | 31,791 | 3.8% |

- Reduced attendance in Secondary Care
- Reduced pressure on Primary Care
- Its estimated that without the hubs, up to half of those seen would have gone to ED (c.2,500) and up to half would have gone to primary care (c.2,500)
- Three ARI models to learn from for future provision
- Very positive feedback from CYP and their families

B&NES - BEMS

- Below shows the breakdown of diagnosis for the randomised sample of 721 patients seen in the PUSH clinics.



- 55% of these referrals were prescribed medication, which is an increase from 41% in 2024 and 48% in 2023.
- 98% of patients during this audit were managed by the PUSH GP without discussion or referral to RUH paediatrician.
- In the patient questionnaire 76% of patients documented that they would have called 111 or attended A&E if this service had not been available.
- 134 responses from patients. 99% were happy with the outcome of their appointment. 98% would use the service again.
- 100% of GP's rated working in the service very good.

Patient Feedback: B&NES



1. Positive Experience with Service

Ease and Reassurance: "It was all made very easy, and it was so helpful and reassuring to have someone ready to deal so brilliantly with our daughter."

Gratitude: "Just that can't thank them enough."

Efficiency and Timeliness: "It was very good. Quick, efficient, on time. My child needed to be seen quickly by a doctor, and they had us in within a few hours. Hugely appreciated service."



2. Quality of Care

Professionalism and Kindness: "The doctor was polite and professional and patient and gentle with my poorly daughter. Also gave great advice and we couldn't have asked for a better experience."

Knowledge and Confidence: "Very kind and good with my daughter. Very knowledgeable and confident. Explained our diagnosis clearly."

Positive Interaction: "The doctor was actually amazing really kind and fun. I thought it was a great service and really felt cared for and listened to."



3. Service Awareness

Lack of Awareness: "I did not know about the push service before, perhaps it could be better advertised. It was very helpful."

Need for Better Communication: "Great service didn't realise it was specifically for paediatric care. Would be good to have been told just to have better understanding."

Publicity: "This service could be publicised more. I didn't know it existed."



4. Overall Satisfaction

General Praise: "Great service, put minds at ease with little ones."

Appreciation: "Great service - thank you!!"

Positive Experience: "The service was amazing! Thanks for caring for my boy."

Key Learning and Recommendations

| Challenges | Lessons Learnt | Recommendations |
|---------------------------------|--|---|
| Early mobilisation | <ul style="list-style-type: none"> Initially this service required a lot of management time and resources to ensure a strong mobilisation and delivery plan in the primary stages More notice needed to confirm finance and required provision so providers can plan Missed surge of activity in early November | <p>Timely Planning to mobilise:</p> <ul style="list-style-type: none"> National evaluation (2022-23) recommends planning from August for Mid-October start. Provider(s) recommend provision starts before October Half-Term (w/c 20/10/25), to cover period November-March |
| Appointment descriptions | <ul style="list-style-type: none"> Need for clear SOPs to mitigate risk of appointments not booked appropriately (BEMS) Clarity on teams booking patients in (a number of patients were booked in for their management of Chronic Respiratory Disease rather than on the day issues; BHG) Some practices were not clear on the scope of the ARI Hub and nature of on the day provision | <ul style="list-style-type: none"> Providers to have updated SOPs and resources for staff booking appointments to ensure appropriate bookings into CYP ARI provision Clarify to all clinicians and practices that any follow up care need to be seen by their own practice to enable continuity of care (BHG) |
| Appointments timings | <ul style="list-style-type: none"> Inadequate time (15mins) for a thorough patient assessment The provision of both morning and afternoon clinics enabled practices whose phone lines do not open until 8.30am to access this On the Day capacity (BHG). | <ul style="list-style-type: none"> Ensuring dedicated slots are available for reviewing test results Include breaks within schedule to manage appointments that need more time than allocated Offering both morning and afternoon capacity for the working week would be effective (BHG). |
| Facilities and Equipment | <ul style="list-style-type: none"> Clarity on where to go in building/signage due to CYP and families arriving in unfamiliar locations, inc. no reception on ARI floor of building Translation Services were not reliable (Language Line) and action to utilise ipads etc with google translate were not always successful (BHG) Due to IT issues and HealthHero no longer using SystmOne, this was not ready in time for this year. (BEMS) which meant partners could not book directly from Out Of Hours/111 Review of pulse oximeters used in clinics to ensure consistency | <ul style="list-style-type: none"> Ensure patient journey considered and clear signage and communication in place Providers to ensure appropriate translation services are available 111 and Out of Hours booking systems to be setup and confirmed before ARI Hubs going live Raise pulse oximeter with the host sites |

Next Steps

1. Confirm procurement options across each of the three localities
2. Update service specification based on feedback and evaluation from Winter 2024-25
3. Confirm 111 setup and interface before provision commences
4. Clarify referral routes – if patients can self-refer confirm triage process
5. Confirm CYP/All-age provision – will adults be included in future plans