‘Winter is coming’ a phrase often associated with the TV series ‘Game of Thrones’, except maybe in the NHS where it has become synonymous with extra system pressures that appear to catch all of us off guard every year. But the truth is, the pressure doesn’t catch the majority of NHS decision makers off guard. We are expecting them. Every year we put system resilience in place and each year the pressure on the health system grows.

So how do we deal with urgent and emergency care winter pressures? Urgent and emergency care requires coordination and cooperation, streamlined interventions and integration. In practice this means a joined up approach to the health system with the ambulance service playing a pivotal role, from enabling the patient access to the health service, to accessing the most appropriate and clinically safe pathways. This is where the GP Triage plays an important role. It is a service that operates at set times and can be mobilised at short notice when requested to do so, for example when overnight beds have become blocked in ED; the reducing of conveyances and admissions will allow the flow of patients out of ED.

How does a GP triage service work?
• The ambulance service responds to a call and arrives on scene to assess the patient
• On assessment the crew decide consider the need to convey but it is not time critical therefore they contact the GP Triage line
• There is then a clinician to clinician discussion with face to face patient input
The GP considers the most appropriate pathway in conjunction with the clinician on scene and the patient
• 85% of the time the GP finds a clinically safe alternative pathway to ED.

How does this benefit the patient or the health system in Suffolk?
• Integrated working within the NHS
• Reduces conveyances
• Reduces A&E attendances – reduces the number of ambulances waiting at EDs – reduces hand over delays – reducing the number of patients waiting to be seen for treatment
• Improves ambulance availability for the next life threatening emergency
• Improve the patient journey
• 60% of time the patient stays at home – psychological and social benefits of own home
• Enhances patient choice – meets preference of home care over hospital
• Reduces delirium and confusion
• Improved health outcome for patient
With the ambulance service linking together the available patient pathways in Suffolk, EEAST wish you all a fit and healthy 2016.
The Early Intervention Team is the new 24 hour admission prevention service for west Suffolk and has been in operation since October 2015. The service incorporates the current integrated Early Intervention Team (occupational therapists, physiotherapists, social workers, rehabilitation assistant practitioners, dementia liaison nurse and Age UK support workers) already providing admission prevention from the Emergency Department at West Suffolk Hospital and early supported discharge from the Acute Medical Unit. However, the service now also includes the previous admission prevention service nursing team from Suffolk Community Healthcare. The team is based together within a hub at WSFT. The new admission prevention component aims to provide an emergency integrated “one-stop” response to patients with a west Suffolk GP, outreaching to patients within their own homes or care home settings in order to prevent them being admitted to hospital.

The team works across health, social care and voluntary sector boundaries to provide an urgent wrap-around service to enable someone to stay at home while getting over a health crisis. For example, someone with a urinary infection may require equipment and additional help while they are less mobile and temporarily confused. Someone who has fallen may not require an attendance to hospital but needs urgent wound closure, a mobility aid, equipment and some support whilst they regain their confidence.

The team are working closely with the Ambulance Service and the new Hospital Ambulance Liaison Officer (HALO) posts have provided excellent links. The Early Intervention Team has started to work with GPs. Over the coming months the team plan to establish much closer links with GPs and hope that they will refer into the service and find it efficient.

The Early Intervention Team will have further developments. The team is employing reablement support workers to provide emergency care, rehabilitation and support until social care can start. The team will also have a care coordinator. In January the team will welcome a Suffolk Family Carers family support worker to the team part-time, who will help family carers deal with a crisis and help them longer-term through the challenges of being a family carer.

**WSFT FRAILTY UNIT**

By Lesley Standring, Integration Lead and Dr Shubhada Sinha, Consultant Geriatrician, West Suffolk NHS Foundation Trust

**What is frailty?**

Frailty is associated with older age, long-term conditions and is categorised in patients who have:

- Decreased functional reserve
- Muscle wasting/weakness
- Poor exercise tolerance
- Poor gait and balance

**Why is frailty important to recognise?**

- Minor illness can trigger a sharp decline in functional status
- This can be perceived as a health need and/or a social care need
- Patients present with frailty syndromes (falls/confusion/immobility)
- Long period of recovery and may never return to their premorbid function
- High risk of iatrogenic adverse events

Ward G5 at West Suffolk NHS Foundation Trust (WSFT) has transformed into a 21 bed ‘Frailty and Acute Medicine for the Elderly’ (FAME) unit. Patients admitted to the unit will be under the care of a geriatrician and will receive a comprehensive geriatric assessment (CGA) from a multi-disciplinary team. Patients will be transferred to G5 from the Acute Medical Unit (AMU) or the Emergency Department (ED) if they:

- Are over 75 years of age
- Require longer than 72 hours as an inpatient
- Have a frailty score 5-8

It is envisaged that FAME will reduce length of stay for frail elderly patients and reduce the number of in-hospital ward moves and readmissions for this patient group.

Patients will be selected by a Consultant Geriatrician, who will attend the AMU board round, and will also be identified by the Early Intervention Team (EIT) who have referred patients to the Older Peoples Assessment Team (OPAT).

**THINK PHARMACIST**

By Adewale Abimbola, Pharmacist, Medicines Management, WSCCG

In November 2015, West Suffolk CCG (WSCCG) launched a campaign – *Think Pharmacist* – to coincide with the National Self Care Week, which ran from 16 – 22 November. The campaign is on-going and aims to raise awareness of the role of pharmacists in the management of minor conditions. We are encouraging people to use their health care professionals appropriately and accordingly.

Symptoms of many minor conditions such as common cold, coughs, minor aches and pains can be effectively managed with Over the Counter medications that can be purchased from pharmacies. Pharmacists are qualified health professionals who have the knowledge and skills to offer useful health advice. Also, pharmacies are easily accessible with many of them open for long hours, from early morning until late at night, including weekends and bank holidays. Therefore, if you are not sure whether your condition is minor or serious and you are thinking of going to see your doctor, it would be more appropriate to contact your local pharmacist first. By doing this you could save time and start to feel better quicker and thus free up doctor appointments for patients with more serious conditions.

The *Think Pharmacist* campaign messages are being disseminated via patient information leaflets, posters, GP electronic screens, local newspapers and social media. For more information please pick up a copy of the *Treating Minor Conditions – Think Pharmacist* leaflet which is available from local GP practices, pharmacies and libraries. Alternatively, an electronic version can be accessed via the following link:


**GET INVOLVED**

If you have any news or views on any of these projects, please contact the partners through this email address: getinvolved@westsuffolkccg.nhs.uk
WARM & SAFE HOMES THIS WINTER

Decent homes are important to health, both physically and in terms of wellbeing. West Suffolk councils (Forest Heath and St Edmundsbury), offer grants to help potentially vulnerable residents carry out essential repairs in their homes to make them warm, safe and free from hazards.

The grant is very useful where only a small amount of assistance is needed to prevent larger scale problems developing, but the resident does not have sufficient income or savings to do the work themselves.

Examples of what the grant can provide are:

- Replacement heating systems and boilers;
- Insulation so homes can be kept warm at an affordable cost; and
- Remedial work on hazards ranging from £100 for minor repairs to £20,000 for major repairs.

The councils are working with Orbit East Care & Repair, Suffolk’s new Home Improvement Agency, which focuses on helping lower income, older and disabled residents to improve and adapt their homes.

Please contact 01284 757051 or int.ph@westsuffolk.gov.uk or to discuss the scheme and the potential for working together, please email debbie.paine@westsuffolk.gov.uk.

DID YOU KNOW?

Most common winter illnesses, such as a cold, sore throat, cough, sinusitis or earache can’t be treated with antibiotics. The best thing to do is:

- Rest
- Drink plenty of fluids
- Have at least one hot meal a day to keep your energy levels up
- Talk to your pharmacist for advice on getting any pain relief you need such as paracetamol or ibuprofen