NHS
Sunderland
Clinical Commissioning Group

Sunderland Whole System AEC Work Program

September 2017

Presenters

- Natalie McClary – CCG AEC Program Lead
- Dr Tracey Lucas – CCG Executive GP – Lead for Urgent and Ambulatory Care
- Elizabeth Hodges – Nurse Practitioner/AEC Manager City Hospitals Sunderland
- Anthony Watson – Urgent Care Project Lead City Hospitals Sunderland

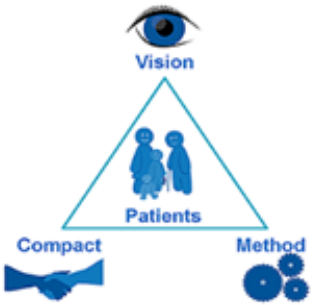
Whole System AEC Approach

NHS
Sunderland
Clinical Commissioning Group

Whole system review and project group developed November 2015

Vision

"Clinical discussion between key partners to ensure the right patients benefit from AEC, in the right place, time and by the right professional thus providing a simple and seamless pathway to patients across different sectors - AEC is not a location but a philosophy of care"



Compact

- Innovation is a priority, how can things be different?
- Target patients that will most benefit from AEC
- Change hearts and minds

Method

Review and redesign of pathways/services to achieve improvement, maximising quality, patient experience and value for money.

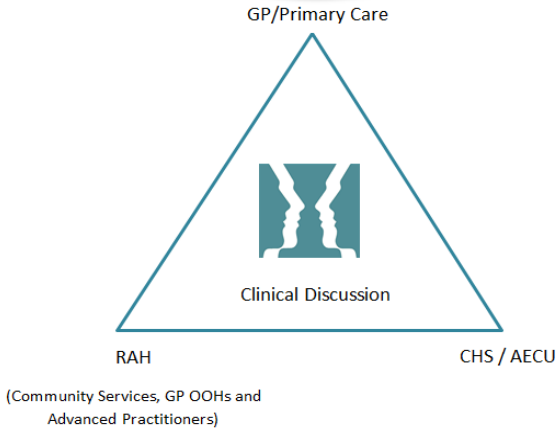
AEC Philosophy

NHS
Sunderland
Clinical Commissioning Group

Strong Leadership and Challenge (Sponsor Role)

Relationships 'WE can do it'!

Shared Purpose



Be innovative – change hearts and minds…

Simplicity

AEC is not a physical location – way of managing patients

Work Program

NHS
Sunderland
Clinical Commissioning Group

Whole System AEC Work Program:

1. **Ambulatory Care Pathways and Point of Care (PoC) Testing** – *Review a number of ambulatory pathways across the whole unscheduled care system*

2. **Ambulatory Until Proven Otherwise** - *Senior Decision Making Pilot between GPs, Recovery at Home (RAH) and the AEC Unit – Patient to the right place at the right time*

3. **Direct Access to CHS AECU** – *Develop relationships between RAH, GPs and NEAS/Advanced Practitioners (APs)to pilot direct access for those professionals to bypass ED and go straight to AECU or RAH. Paramedic Pathfinder.*

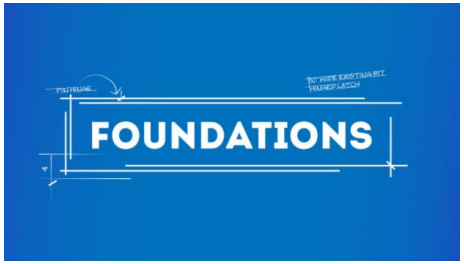
4. **AEC Contract –** *Transformational to Transactional. Audit and PQ analysis to develop service specification and cost envelope for contract April 2017*

5. **Patient Engagement/Comms** – *Develop a patient and staff engagement strategy*

Work Program

NHS
Sunderland
Clinical Commissioning Group

City Hospitals Sunderland
"Our Medical AEC journey"



Program Key Outcomes

NHS
Sunderland
Clinical Commissioning Group

Whole System AEC Work Program – Key outcome/targets

- *Reduce ED attendances and admissions*
- *Continue to reduce patient Length of Stay*
- *Increase number of referrals to RAH (GP referrals)*
- *Support NEAS handover targets and the ED 4 hour wait*
- *Increase direct use of AECU by NEAS crews*
- *Increase prescribing of Apixaban and use of Point of Care tests/WELLS within primary care for treatment of DVT*
- *Standardise and streamline access to ambulatory care within the Trust (Currently 5 ambulatory areas). National Recommendation*
- *Identify potential savings and investment opportunities - Reduce activity into Trust with appropriate activity being recorded, reported and funded appropriately across the whole system*
- Culture and Behaviour – first follower!!
- Qualitative service for PATIENTS and better working environment for STAFF

National Support

NHS
Sunderland
Clinical Commissioning Group

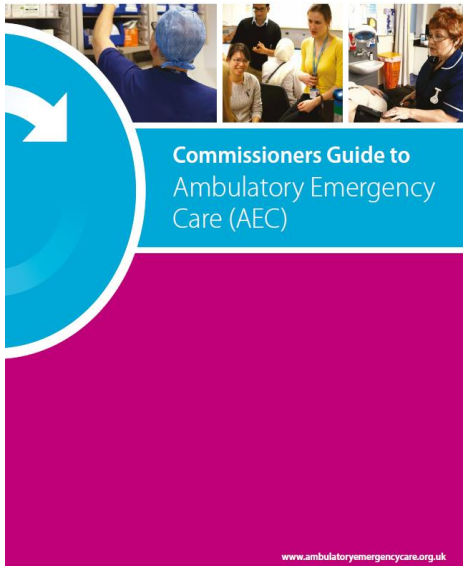
The Sunderland Whole System AEC Work Programme is supported by the national AEC improvement team, who are providing resource and expertise to progress our local work programme in Sunderland. Dr Vincent Connolly (AEC Network Clinical Director) and Carolyn Robertson (AEC Network Associate & site lead) are the national key links to the Sunderland programme.

- Case studies
- AEC CCG Commissioner Guides
- AEC Directory of Services

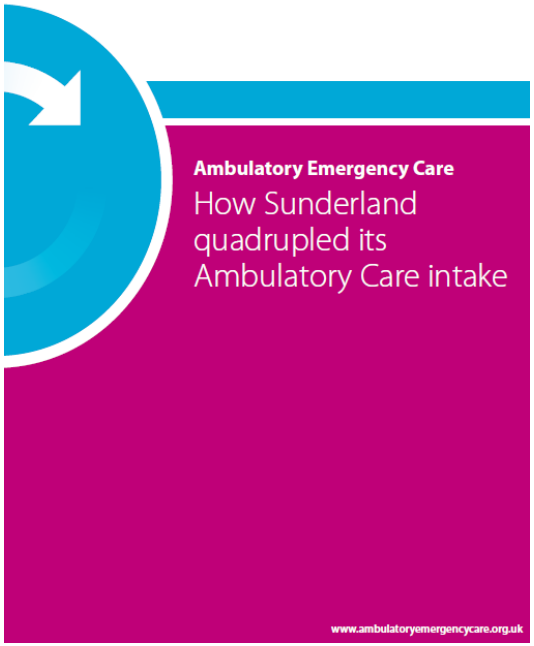
National Support

NHS
Ambulatory Emergency Care Network

NHS
Sunderland
Clinical Commissioning Group



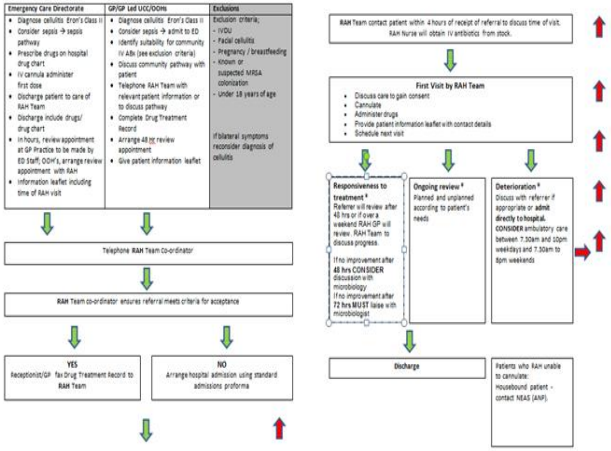
NHS
Ambulatory Emergency Care Network

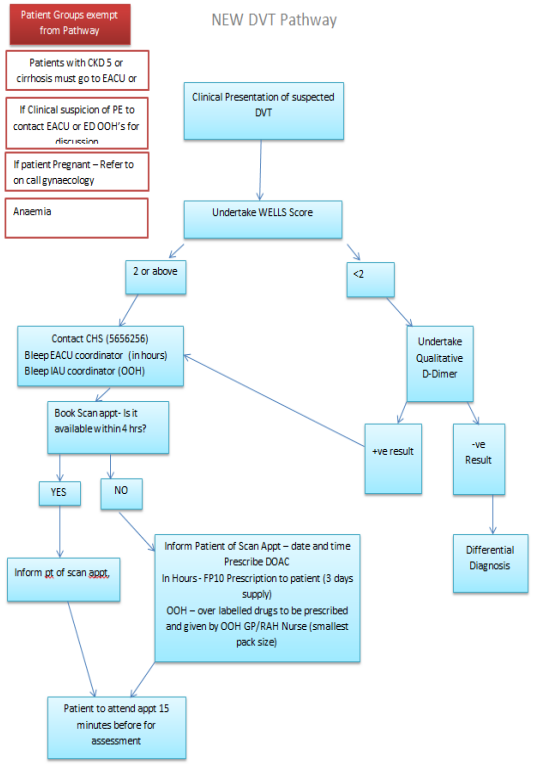


Pathways

NHS
Sunderland
Clinical Commissioning Group

Figure Six - Improved Cellulitis Pathway





DVT and Cellulitis Whole System Pathways in operation – continuous development and evaluation in October 2017

North East Ambulance Service

NHS
Sunderland
Clinical Commissioning Group

- Ambulance service has a key role within AEC in Sunderland
- Paramedic Pathfinder
- Training and relationship building between EACU and local crews
- Direct conveyances to EACU – missing out ED
- Better patient and staff experience
- Direct pathway launched in September

Decision Maker Project

NHS
Sunderland
Clinical Commissioning Group

Aim

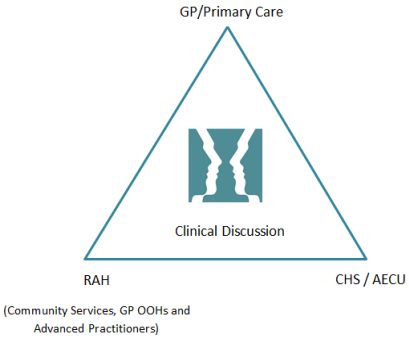
Vision

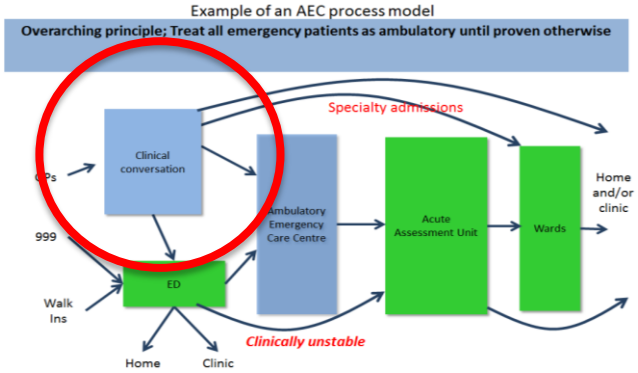
"Clinical discussion between key partners to ensure the right patients benefit from AEC, in the right place, time and by the right professional thus providing a simple and seamless pathway to patients across different sectors - AEC is not a location but a philosophy of care"

Key Objectives

- Test different ways of working - looking at being innovative and how things can be different
- Initiating the culture shift to adopt AEC principles and ways of working
- Start with the medical ambulatory care unit, with possibility of further work with the other hospital ambulatory areas (Urology/Gynae/H&N/Surgery)

Area of clinical discussion we are trying to create





Project Outline Document

- Developed to share with all stakeholders – encouraging all practices to take part and 'sign off' with all partners

Communications Plan

- Extensive communications for the project which started in June/July 2016 prior to the project launch in October 2016

How it works……

NHS
Sunderland
Clinical Commissioning Group

Consultant CONNECT

NHS Sunderland Clinical Commissioning Group

Sunderland Acute Consultant Connect Pathway

1

GP contacts acute physician via Consultant Connect to discuss patient admission.
(Applicable for all GP acute medicine admissions)

1. Dial Consultant Connect telephone number
2. Enter patient's NHS Number
3. Select **Option 1** for Acute Medicine
   Select **Option 2** for COTE
   Select **Option 3** for Acute Surgery

2

Acute physician answers the call.
Discusses the patient and agrees a patient outcome.
GP declares any infectious status.

1. If patient is to be admitted, GP completes referral correspondence (NEWS) and issues patient with an Ambulatory Emergency Care (AEC) information leaflet
2. GP books patient transport if needed

3

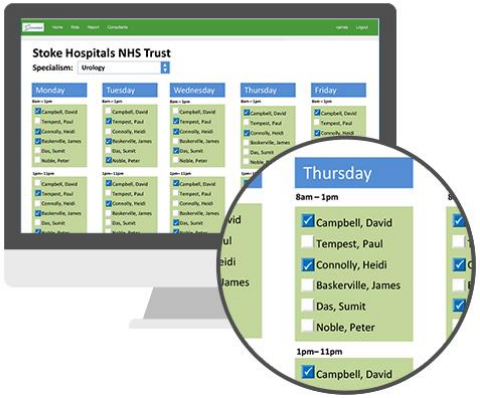
Conversation ends and acute physician hangs up.
GP remains on the line to select an outcome from the options below before closing the call, this is important for data collection purposes:

1. Patient managed with advice and guidance
2. Patient referred to ED or other specialty
3. Patient admitted
4. Patient referred to outpatient/hot clinic

GP access to specialist advice & guidance
www.sunderlandccg.nhs.uk/cc

NHS Sunderland CCG — Call Report

Date	Time	Surgery	Specialism	Consultant	Trust	Service Type	Rota position	Connect time (sec)	Talk time (sec)	Outcome
20/06/2017	13:44	Grangewood Surgery	Acute Medicine	Elizabeth Hodges	City Hospitals Sunderland NHS Foundation Trust	Consultant Connect	1	39	116	Patient Admitted
20/06/2017	13:39	Grangewood Surgery	Acute Medicine	—	City Hospitals Sunderland NHS Foundation Trust	Consultant Connect	2	—	—	—
20/06/2017	09:23	Church View Medical Centre	Acute Medicine	Simon Peel	City Hospitals Sunderland NHS Foundation Trust	Consultant Connect	2	67	147	Patient refe to E.D. or o specialty
19/06/2017	16:50	Fulwell Medical Centre	Acute Medicine	Win Naing	City Hospitals Sunderland NHS Foundation Trust	Consultant Connect	1	50	379	—
19/06/2017	16:47	Grangewood Surgery	Care of the Elderly	Catherine Barnes	City Hospitals Sunderland NHS Foundation Trust	Consultant Connect	1	43	271	Patient refe to E.D. or o specialty
19/06/2017	16:31	Village Surgery	Acute Medicine	Win Naing	City Hospitals Sunderland NHS Foundation Trust	Consultant Connect	1	53	408	—
19/06/2017	16:06	Deerness Park Medical Group	Acute	Kelly Keegan	City Hospitals	Consultant	3	167	184	Patient managed w advice and guidance
19/06/2017	13:49	Victoria Medical Practice						40	132	—



Key Benefits

- Reductions in GP admissions helping to reduce pressures on the ED and improve patient flow
- Improved relationships between local hospital medical staff and GP's
- Provide sophisticated data analysis of patient pathways for service improvement as well as softer intelligence (patient and staff surveys)
- Multi-disciplinary clinical audit has provided the opportunity to highlight any gaps in service provision and identify areas for service improvement
- Better patient experience – speeds up the care pathway, avoidance of unnecessary patient visits to hospital
- Better GP experience – more patient episodes conclude with no follow-up work, case based learning, reconnecting with consultants
- Better consultant experience – reduction in inappropriate referrals, reduction in the number of written requests for advice that require responses, reconnecting with GPs
- Better for the hospital and CCG – full tracking of Advice & Guidance activity, greater 'whole system' efficiency, with savings available to support other hospital and community initiatives

Challenges to Date

NHS
Sunderland
Clinical Commissioning Group

- Change in way of working for GPs, Consultants and Nurse Practitioners – 'The Ambulatory Care Challenge'
- Not a GP referral management system
- Workforce – A consultant is not available at all times but is there for the majority of calls, therefore Registrars and Nurse Practitioners need to be part of the rotation
- GP Call ranking – GPs staying on the line to select the call outcome or the right call outcome for evaluation purposes
- Call assurance – feedback of clinical audit and information
- Full time job – in order to promote and ensure regulation communications and relationships, project management from all areas needs to be committed to its development and implementation

Evaluation to Date

(October – Sept 2017)

NHS
Sunderland
Clinical Commissioning Group

Being used by **100% of GP practices** in the City. Not all GPs within each practice will have adopted the new system, however this percentage indicates advocates within each practice

Showing a clear reduction in GP referrals into CHS. Between 17th October – 15th September has:

- Taken **1760 calls** with a **72% pick up rate**
- Average connection time of **33 seconds**, previously 20-25 minutes
- **22% of patients have avoided admission** with A&G (239 patients via consultant connect data. (80 patients via SUS Oct-Dec – impressive during winter!). This is **'true' admission avoidance,** supported by cross referencing of NHS numbers for a sample of patients between 17th Oct – 25th May identifying only 32 of 181 patients to go on and have a secondary care contact up to 7 days from initial A&G call (17%).

Evaluation to Date

(October – Sept 2017)

NHS
Sunderland
Clinical Commissioning Group

- **48%** of patients admitted direct to AECU, patient right place and time
- **24%** of patients referred to ED or other specialty (Now NEWS of 7 – should decrease)
- **6%** go to a hot clinic

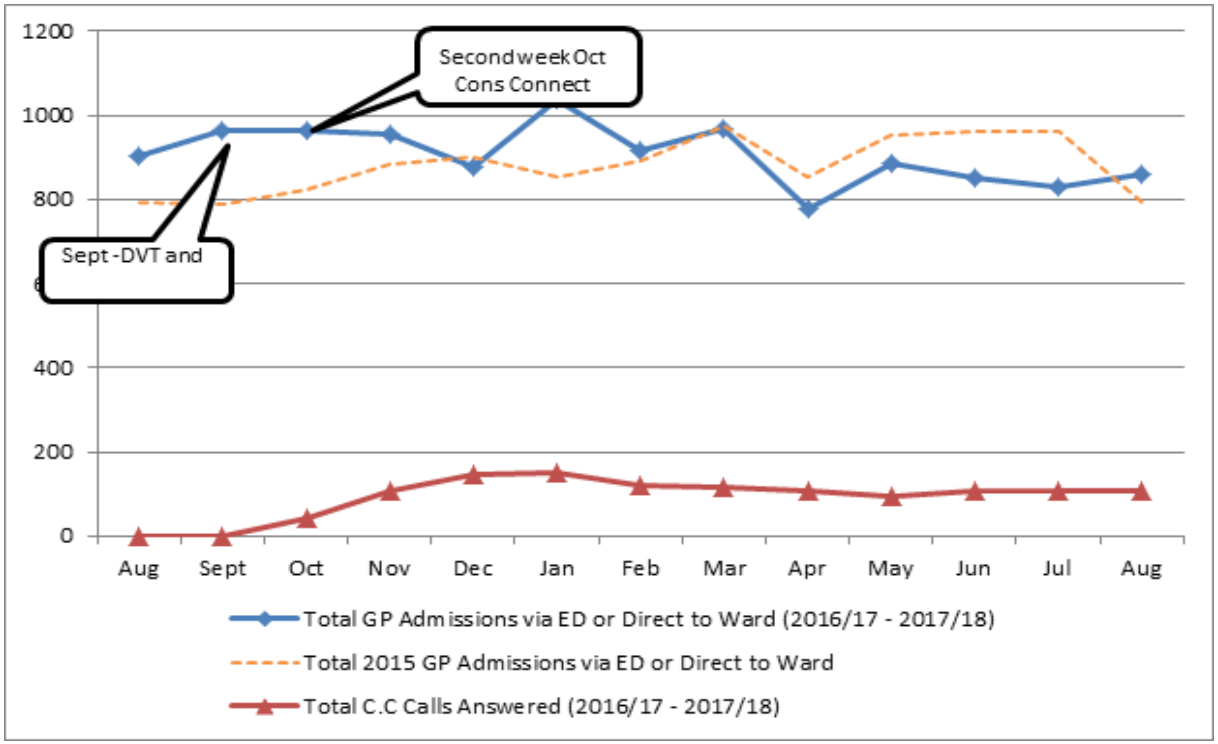
Care of the Elderly Community Geriatrician

- Of the **1760,** 108 calls have been taken by COTE (mid June Launch)
- 48% of COTE calls have resulted in a patient being treated with A&G, home visit or provided with an out-patient appointment – alternatives to admission

Evaluation to Date (SUS)

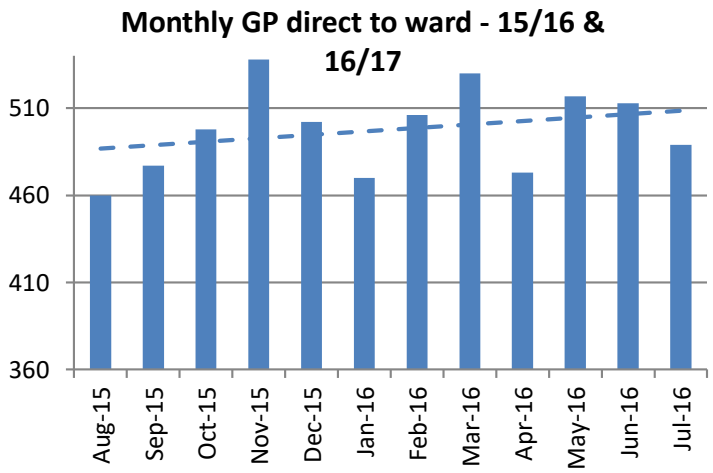
NHS
Sunderland
Clinical Commissioning Group

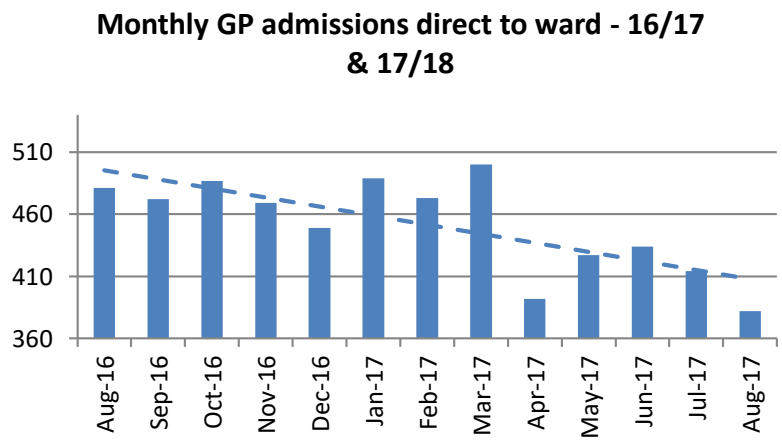
Since the introduction of the system a clear reduction in GP referrals to the local ED has occurred. However this reduction can also be a combination of other projects within the AEC program i.e. DVT and cellulitis pathways, as well as the ambulance pathfinder project.

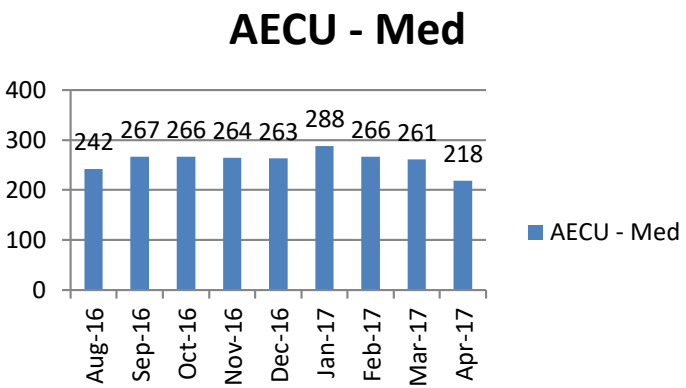


GP Flow

NHS
Sunderland
Clinical Commissioning Group







Staff Feedback

NHS
Sunderland
Clinical Commissioning Group

- GPs find the system good for patient care in Sunderland **(72%)**
- GPs feel the system is useful in talking to a consultant about specific cases as well as improving integration between GP and hospital teams **(53%)**
- GP comments: *"Very helpful to get timely advice". "Reduces stress in managing uncertainty". "Avoided an admission of a demented patient with possible cholecystitis. Consultant was in agreement to trial treatment at home and sought advice from COTE consultant before advising me".*
- Hospital staff feel the system has improved the quality of patient care **(67%)**
- Hospital staff feel the system is helping them work better with GPs **(50%)**
- Hospital Comments: *"System helps avoid unnecessary admission". "Providing advice to GPs for treatment of patients within the community". "Speeds up the admission process". "Better relationship with GPs".*

Patient and Staff Engagement

NHS
Sunderland
Clinical Commissioning Group

NHS
Sunderland
Clinical Commissioning Group

Emergency Ambulatory Care Unit (EACU) at City Hospitals Sunderland

A patient guide

AEC Finance and Contracting

NHS
Sunderland
Clinical Commissioning Group

Transformational to Transactional

Reform

- Comprehensive review of AEC services across the system
- What do we have now and what do we want in the future
- PQ analysis, pathways and Case Note Audit

The Money

- Old contract and coding in place for an emerging concept
- Need a new contract to fit different ways of working moving forward
- Reform work undertaken, deliver a service review and options paper for future contracting i.e. *appropriate activity being recorded, reported and funded appropriately across the whole system (Service Spec, outcome measures, etc)*

Program Next Steps

NHS
Sunderland
Clinical Commissioning Group

Pathways

- Continue with evaluation of our pathways and use the A&G data intelligence to undertake gap analysis and any future whole system pathways to adopt

Senior Decision Maker Project

- Extended project until March 2018, currently reviewing sustainability and integration with IT planning/A&G planning. ESR Vs Telephony Systems

AEC Finance and Contracting

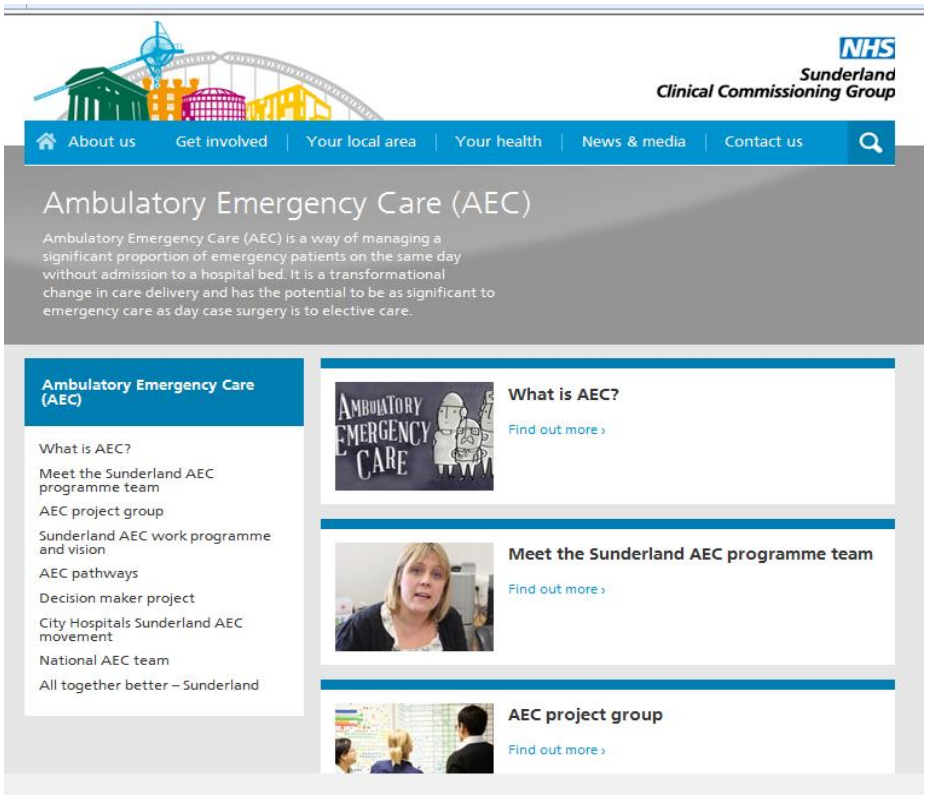
- Conclude PQ analysis, case note reviews
- Contract outline and service spec/coding and outcome measures including patient feedback to date
- **AEC Whole System Strategy (AEC standardisation across the system – March 2018 – 3 year path)**

Still Work to Do…

NHS
Sunderland
Clinical Commissioning Group

Sunderland AEC Web Page

NHS
Sunderland
Clinical Commissioning Group



http://www.sunderlandccg.nhs.uk/ambulatory-emergency-care/

Questions

NHS
Sunderland
Clinical Commissioning Group