Emergency Department Assessment Service

Introduction

1. The three CCGs in Leicester, Leicestershire and Rutland have been working together to develop an assessment service that patients will flow through before entering the emergency department.

2. The service will be delivered 24/7 for all walk-in patients prior to accessing ED itself.

3. This is the first step in longer term plans to implement a single front door on the LRI site, which will use the same pathways and protocols whether a patient arrives at the Urgent Care Centre (UCC) or at the Emergency Department (ED).

4. The project is split into two phases:
    a. Phase 1 refers to the initial service change, which will be piloted for the remaining duration of 2013/14. This will be provided by George Eliot Hospitals (GEH) who currently provide the UCC.
    b. Phase 2 will refer to the longer-term procurement process and delivery of a permanent service.

Background and context

5. In 2010/11, there were 149,092 attendances at the ED at the University Hospitals of Leicester (UHL). Of these, 29,851 were avoidable.

6. In the same period, there were 47,945 attendances at the UCC. Of these 22,521 were GP appropriate.

7. Throughout 2012/13 Leicester City Clinical Commissioning Group (LC CCG) implemented a scheme entitled Right Place, Right Time which sought to return GP appropriate patients attending the UCC to their GP as opposed to seeing them in the UCC itself. The resulting service returned 967 patients to their GP and registered 26 new patients with GPs across Leicester, Leicestershire and Rutland.

8. However, issues remain. Through the night and through the weekends, the Right Place, Right Time service does not operate at either the UCC or the ED. In addition, when it does operate at the ED, it is very restrictive as to what can be delivered and easy for patients to bypass.

9. Furthermore, the current pathways do not allow ED assessment nurses to return a patient to their GP as and when appropriate. They are unable to prescribe when this is all that a patient requires and they are also unable to discharge a patient. Therefore all patients will be sent into ED unless they are diverted to the UCC.

10. Issues also remain with the high number of patients arriving in ED – 20% of which are avoidable attendances. The processes are varied depending upon where a patient arrives/who a patient contacts, the staff delivering the first patient contact varies and the outcomes are also varied.

11. The NHS Quality Premium is paid to clinical commissioning groups that improve or achieve high standards of quality in four measures from the NHS Outcomes Framework. One of these is avoidable emergency admissions.

12. The NHS Quality Premium has been revised for CCGs for 2013/14. In the latest revision, 25% of the Quality Reward is attributed to reducing avoidable admissions.

Specifically, the revised document states that a CCG will have its quality premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for certain patient rights or pledges. These include the pledge that "Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department". UHL's current performance against this NHS Constitution pledge is poor.

Stakeholder views

13. In developing their Clinical Commissioning Strategy it was important to LC CCG that public views on the healthcare priorities for the city were sought. All city stakeholders, including the NHS Leicester City membership were included and they identified four clear priority areas, with 62% of the responses highlighting a need to improve emergency and urgent care.

14. Following these results, briefings and public workshops were arranged with key community groups and organisations to ensure the engagement on healthcare priorities was widely sought and to encourage key stakeholders to give their views. Those invited included the Local Involvement Network (LINks), NHS Leicester City public members, voluntary sector and community groups, and members of the public. All local MPs and the city council's Overview and Scrutiny Committee were briefed and invited to attend. As a result, improving emergency and urgent care was identified as a key priority for LC CCG.

Proposed New Service

15. A new ED assessment service is proposed to operate 24 hours a day, 7 days a week for all walk-in patients prior to accessing ED itself.

16. On arrival at assessment service, patients will be assessed by a nurse.

17. Depending on the condition, the patient will either be discharged by the nurse with self-care advice or prescribed medication if appropriate.

18. If the patient's condition is appropriate to be seen by a GP, they will have an appointment made for them at their GP surgery within 24 hours (provided their GP has signed up to the scheme).

19. If the patient does not have a GP, they will be registered with one close to where they live and have an appointment booked within 24 hours. They will complete the registration process when they attend their appointment.

20. If the patient's condition is appropriate to be seen in the urgent care centre, they will be directed there.

21. If the patient's condition is appropriate to be seen in ED, they will be treated there.

22. The new ED assessment service will provide additional clinical capacity at the front door than currently exists allowing for a quicker throughput for patients. This follows a Demand/Capacity review in order to ensure that efficiencies are made wherever possible and that the appropriate capacity exists to meet demand.

23. Approximately 74,018 patients are expected to utilise the new ED assessment service at an average of 8.5 patients per hour. The service will have capacity for an average of 12 patients per hour.

24. The Demand/Capacity review will be repeated throughout the initial delivery stages of the project in order to ensure that capacity exists to meet demand.

25. The new ED assessment service aligns to the Right Place Consulting model at UHL by merging the UCC and ED Minors pathway, refining the A&E majors and minors streaming processes, developing an ED handover process and matching the capacity of the service with the demand. It also results in an effective patient flow management, redefining roles and responsibilities.

26. The new ED assessment service will use all new equipment including IT hardware and software.

27. As a result of the improvements that the new ED Front Door Triage service is expected to bring, a left shift in activity is expected. The specific numbers for this shift are:
    - Number of Patients Discharged more than 1,460 per year.
    - Number of Patients Sent to GP to be more than 1,920 per year.
    - Number of Patients Sent to UCC to be more than 15,003.
    - Number of Patients Sent to ED to be less than 55,635 per year.

28. As a result of the new ED assessment service the following additional, key improvements are expected to be achieved:
    - More than 95% of patients experiencing a sub-30minute throughput.
    - More than 95% of patients experiencing a sub-4hour wait.

29. In addition, it is proposed that the following Commissioning Outcomes Framework (COF) Key Performance Indicator (KPI) is monitored:
    - Emergency admissions for acute conditions that should not usually require hospital admission (COF KPI Number 3a).

30. The new ED assessment service, and the forecast left-shift in activity, is expected to reduce the number of patients being booked into ED. Specifically, appropriate patients being returned to their GP or simply discharged and the less complex patients being diverted to the UCC. The performance against the 4 hour wait will therefore be impacted upon and this should be positive despite the removal of the less complex cases. This is for three reasons:

    1. The acuity of cases flowing into ED will proportionally increase, however numerically there will be less acute cases and less patients overall. This will allow UHL's ED to focus solely on those cases that are appropriate for them to see.
    2. The existing reception staff and assessment nurses will not transfer to the new provider and UHL have agreed to retain these nurses to fill some of the vacancies with ED. Thus giving them additional resource to cope with the demands placed upon ED. The new provider will recruit their own staff.
    3. The performance of the resulting ED assessment service will still be included in the overall LRI site performance for UHL just as the UCC performance is currently included.

31. A second phase of the project will allow for a full, robust procurement of a new service.

Quality Impact

32. A full Quality Impact Assessment has been undertaken and at this stage, it is clear that the intention of the service is to improve the quality of the triage service at the

ED front door by:

- Improving the privacy and dignity of the process.
- Improving the patient experience.
- Improving the appropriateness of patient flows post-assessment.
- Improving the clarity of the signposting for patients.
- Improving the equity of service provision between locations.
- Improving the equity of service provision within ED.
- Reducing the vacancy gap at UHL and ensuring that more appropriate resource(s) exist in order to better align capacity within ED to the demands placed upon the service.
- Reduce the number of patients flowing into ED post assessment allowing for ED to focus on more appropriate treatment, thus improving the quality of service provided.
- Implement a new ambulance desk at the ambulance entrance to ED for non-walk in patients.
- Implement and utilise a new third triage room, increasing capacity and improving throughput rates for triage.
- Reducing the number of avoidable attendances in ED.
- Increasing the left shift of activity.

33. LC CCG have are committed to engaging with the city's diverse communities to make sure that the healthcare services they commission are appropriate and accessible to all. The CCG also have 'due regard' to their responsibilities under the Equality Act 2010 to protect specified groups of people from discrimination, under the requirements of the Act.

Current Progress & Next steps

34. The following actions have been undertaken so far:
    - Key Performance Indicators have been developed with trajectories for the new service.
    - Weekly, multi-organisational project delivery team meetings have occurred.
    - Data modelling has been undertaken in order to understand the expected benefits of the new service.
    - Financial modelling completed in order to fully comprehend the expected variation of financial flows.
    - Service pathways have been written and agreed by all organisations.
    - Resource requirements for the new service have been agreed.
    - A communication plan has been written and integrated to the project plan.
    - A procurement plan has been written and integrated to the project plan.
    - IT infrastructure development has commenced and Information Governance leads involved throughout.
    - Multi-organisational clinical meetings have been co-ordinated in order to deliver Standard Operating Procedures (SOPs).

35. The following actions have been agreed as the next steps for the project:
    - Information flows will be agreed and IT software developed accordingly.
    - Multi-organisational clinical meeting to continue with SOPs to be agreed by GEH, UHL and the CCGs by 01.06.2013.
    - Finance flows and contracts are to be negotiated and confirmed.
    - A final Service Specification will be agreed.
    - The service location(s) will be developed.
    - IT infrastructure to be finalised and implemented.