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NHS
England

SEVEN DAY SERVICES CASE STUDY

APRIL 2016

Royal United Hospitals Bath NHS Foundation Trust

One stop emergency surgery ambulatory care service commissioned for seven days a week

AT A GLANCE:

- Emergency Surgical Ambulatory Care (ESAC) was commissioned for patients suffering from urgent general surgical acute problems. It operates as a clinic five days a week and provides a more ad hoc service at the weekend.
- A pilot that took place in 2013 identified that 71% of patients were seen by a designated emergency consultant, diagnosed and discharged on the same day with a planned operating date. Only 5% of patients seen required admission.
- The consultant-delivered service reduces unnecessary hospital admissions and lengthy inpatient stays. It has released approximately 90 bed days per month.
- Patient satisfaction is high with 99% reporting they would be extremely likely or likely to recommend the service to friends and family if they needed similar care or treatment.
- There have been no adverse clinical incidents in patients being managed on an ambulant basis.

The ESAC Clinic was set up at the Royal United Hospitals Bath NHS Foundation Trust (RUH) for patients suffering from acute surgical problems to facilitate rapid diagnosis and access to surgery. The clinic, operating as part of the Ambulatory Care Unit, is one of the many ways that RUH is striving to work differently and more efficiently. Key drivers for change were increasing demand for emergency surgical activity and concerns relating to delays for patients and reduced theatre utilisation. Traditionally, patients were admitted via the emergency department or direct to a ward and some experienced delays in being assessed, in investigations/radiology being ordered and when waiting for a decision as to whether they would be operated on. Where any operation was needed there was a further wait for theatre to be booked, with the risk of cancellation should a case of greater priority present.

How the improvements were made

The ESAC Clinic was initially piloted in 2013 as a weekday service for six months and was led by a general surgeon. Following the successful pilot it was fully commissioned in 2014/15. The initial pilot demonstrated that 71% of patients seen could be discharged on the same day, 12% were operated on on the day, 6% were put on the non-urgent list and 5% were admitted due to clinical need.

An extra £440K was used to support the appointment of two additional surgeons and infrastructure support staff to allow the service to be expanded to cover seven days a week. The ESAC Clinic operates as part of the Ambulatory Care Unit, with patients being referred from within the hospital or directly from their GP. RUH provided resource for a consultant emergency surgeon to oversee the service. Additionally, they purchased a dedicated ultrasound machine and provided designated extra theatre capacity to operate on emergency patients. The increase in theatre capacity has resulted in 900 ambulant emergency surgical patients per year having same-day emergency operations, reducing the pre-operative length of stay when compared to the length of stay for traditionally managed emergency surgical patients.

The tariff for the commissioned service is £765 plus surgery compared to admission which is £1600 plus surgery and therefore the service represents considerable savings for the commissioners on a cost per case basis.

What was achieved

- Appropriate patients now have access to this service via their GP, the emergency department, or via the hospital's surgical or medical teams, seven days a week. These include ambulant adults with abscesses (torso and peri-anal, right iliac fossa pain, right upper quadrant pain, painful jaundice, small volume rectal bleed, mild diverticulitis, painful non-obstructed hernia, post-op and wound problems.
- Patients receive a consultant-led personalised, same-day service, including ultrasound and rapid access to CT and MRI investigations. If surgery is required patients now have rapid access to three additional theatre lists per week and can be booked for an elective procedure, with the ability to have follow up contact via a 'virtual ward' concept.
- Surgical teams can also refer to the service. Increasingly patients are being sent home early after an inpatient episode. These accelerated discharges are also reducing length of stay.
- There have been no adverse clinical incidents reported in this group of patients managed on an ambulant basis.

What was the impact

- Since May 2013, more than 3500 patients have been treated by the ESAC team. Approximately 140 to 160 patients are seen per month, with 31% referred by their GP, 45% from the emergency department and 24% by the surgical team. There has been a 22% increase in the emergency workload in the last year.
- A minimum of 82% of patients go home on the same day and are completely saved a hospital stay. Each month approximately 85 to 90 bed stays are saved.
- The additional theatre capacity has reduced pre-operative length of stay for emergency surgical inpatients awaiting surgery on the theatre list saving an additional 30 bed stays per month.
- Dedicated theatre space for ambulatory surgical patients has meant that 82% of urgent laparotomies now get to theatre in appropriate timeframes.

TOP TIPS

- Engage with commissioner in the early stages of planning a service to negotiate commissioning contracts and provide them with the evidence they require to release the funding.
- Build in key performance indicators from the outset to enable the service to monitor improvements.
- Be prepared to test/take some risk in a controlled way - not all staff will have confidence in the new system at risk.
- Establish a 'virtual ward' concept to manage patients at home and to provide a point of contact for them.

“Managing general surgical patients in this way has resulted in significant bed savings as we are avoiding unnecessary hospital admissions, which allows inpatient resources to be allocated to life threatening emergencies”

Miss Sarah Richards, Consultant Surgeon

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