STANDARD 2
TIME TO FIRST CONSULTANT REVIEW

STANDARD 5
ACCESS TO DIAGNOSTICS

NHS
England

SEVEN DAY SERVICES
CASE STUDY

APRIL 2016

Southend University Hospitals Foundation NHS Trust

Implementing a Seven Day Ambulatory Emergency Care Model

AT A GLANCE:

- **Southend University Hospitals Foundation NHS Trust has implemented a seven day ambulatory emergency care (AEC) model. Early specialist intervention and same day emergency care has reduced unnecessary admissions by at least 20%.**
- **A key element is the reduced reliance on unplanned use of hospital services through a greater focus on identification of vulnerable patients, enhanced provision of preventative services and a greater level of integration across health and social care.**
- **By streamlining ambulatory care pathways through the acute medical unit in the emergency department into one assessment pathway, improved patient outcomes have been achieved by reducing admissions to wards and subsequently reducing costs. The trust has halved its number of discharges with a length of stay less than 48 hours.**
- **The hospital has transformed itself from one of the bottom trusts in the country to a recent peak of 14th best performing accident and emergency (A&E) departments in the country.**

Following concerns regarding Southend University Hospital's A&E performance, a 'Risk Summit' was held on 31 March 2014, attended by colleagues from across the local health and social care system. An integrated emergency care improvement plan was produced as an output from this summit, with a combination of immediate measures required to bring stability to the system as well as longer term transformation programmes. The plan included structural changes within the emergency department to increase the number of patients that could be seen at any one time, as well as redesign of pathways to increase the number of patients who could be treated in the community. made to enable the implementation of the weekend service.

How the improvements were made

- The improvements were based on robust evidence using three years of data to understand the presenting conditions and the flow of patients through the system. The data demonstrated a 5% increase in A&E attendances, and a 16% increase in admissions from A&E during the observed period. 90% of individuals who attended A&E did so for reasons identified with the top 20 highest diagnosis codes, making this a potentially predictable group to manage.

- System partners collaborated to develop a recovery plan that would support Southend Hospital to ensure patients could be seen and treated in a timely way. The trust benchmarked itself against the minimum national standards for urgent care finding that whilst a number of standards were being achieved, standards relating to A&E flows and system wide demand and capacity management were only partially being met.
- An urgent care system daily dashboard called 'Good Morning Southend' was developed, which enabled organisations to identify trends that could be used to predict surges in demand, enabling the organisation to mobilise resources quickly to minimise the impact and respond more efficiently. This also supported organisations within the local system to work together more effectively.
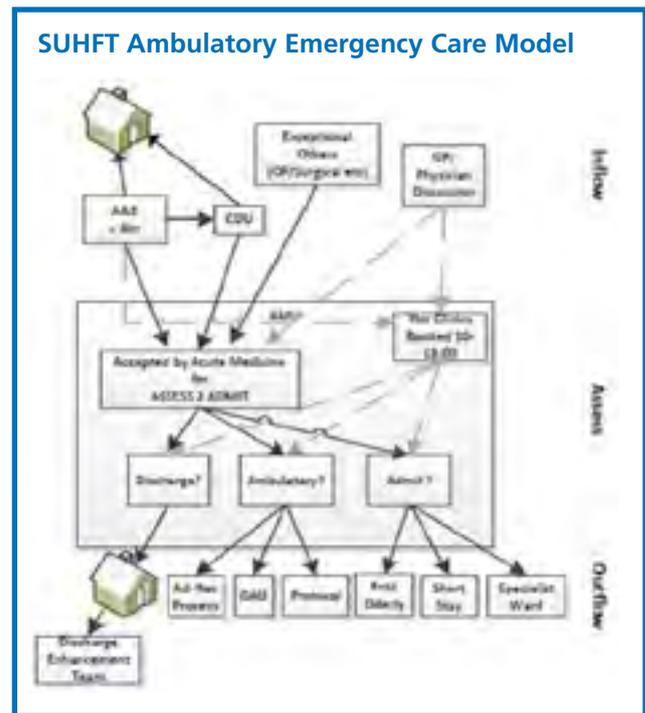
What was achieved

- The principle of 'assess to admit' was adopted by medical and nursing staff within the acute medical unit into one assessment pathway. Patients are reviewed and a decision is made as to whether they can be discharged, whether they can be managed through an ambulatory care pathway or whether they need to be admitted to a hospital bed.
- A co-located multi-disciplinary enhanced discharge team and hospital to home team have been introduced to support same day discharge of more complex patients. As a result, the trust has halved the number of discharges with length of stay less than 48 hours through better and more integrated care in the community.

SUHFT Ambulatory Emergency Care Model

- Southend Hospital has progressed to a seven day AEC model which delivers new pathways of care to patients in the acute setting, and plans to broaden the scope of these pathways. The pathways include those for chronic heart failure, chronic obstructive pulmonary disease, jaundice, asthma and urinary tract infection.
- This is a whole system approach and includes both primary and secondary care to ensure patients appropriate for ambulatory care can be treated presumptively, go home, and return for their imaging and review of ongoing management, rather than remaining in hospital to wait for imaging and treatment decisions.
- The pathway lasts for a maximum of 12 hours to allow tests, investigations and treatment to be carried out. Further treatment can be completed by next day visits or at follow up community led 'hot' clinics that operate from 10.00 - 18.00hrs daily.

What was the impact

- The new system provides a faster, better service, with access to early senior decision making admission by exception for those patients entering the AEC pathway.
- Emergency attendances via A&E for people who need intensive hospital based support can also access the AEC pathway. For example, patients who have suspected pulmonary embolism previously would have required up to three nights in hospital to complete investigations, and can now be managed without admission with AEC support.
- Conservative estimates suggest that 20% of emergency admissions have been avoided through implementation of the AEC model, although the trust recently report they regularly achieve 35% and often get close to 50%. Ultimately an improved patient experience has been achieved with unwell patients being treated in hospital, but not having to stay overnight.
- The trust has maintained successful delivery of the 95% A&E target as a result of maintaining patient flow from A&E, and has achieved an increased number of zero lengths of stay with the introduction of 'assess to admit'.

TOP TIPS

- **Ensure robust data collection**
- **Develop clear logical pathways**
- **Use whole system co-design and co-production**
- **Use a vertically integrated approach to deliver better care across boundaries**
- **Work out what is done well and do more of it!**

Contact

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For a visual overview of the AEC model before and after the improvements please **click here**