# The Perfect System
# 16 – 22nd May 2019

*The whole system working together to help patients receive the right care, in the right place, at the right time*

# *Background*

- City Hospitals Sunderland continued to see an increase in Urgent and Emergency Care activity during 18/19:

  January 19:  16% increase in ambulance arrivals
  January 19:  14% increase in adult ED
  January 19:  13% increase in overall ED activity

- Assurance of delivery of the 4 hour constitutional standard is through the Local A and E Delivery Board (LAEDB) and with challenges to meet performance there is an urgency to understand the increase in activity.

- A Task and Finish (T&F) group meeting took place on 6th February 2019.

- The T&F group members analysed available data metrics to understand where the drive in increased ED activity was coming from and to consider plans to address.

- Next steps:  Further understanding required as to what we still don't know

# *Purpose of the week*

All partners within the **All Together Better Alliance (ATBA)** committed to come together to support a review and <u>test our system's performance</u> and <u>resilience</u> during a one week period.

The ATBA involves all health and care partners across Sunderland.  This includes:
- Sunderland General Practice Alliance (SGPA)
- NHS Northumberland Tyne and Wear Foundation Trust (NTW)
- South Tyneside and Sunderland NHS Foundation Trust (STSFT)
- Sunderland City Council
- Sunderland Clinical Commissioning Group (SCCG)
- Sunderland Care and Support (SCAS)~
- All other providers and Voluntary Sector organisations currently commissioned by SCCG to provide "Out of Hospital Services"
- Along with support and commitment from
- North East Ambulance Service NHS Foundation Trust (NEAS)
- North of England Commissioning Support
- NHS England

### *working together to improve patient care*

# *What is the Perfect system?*

- Live learning event

- System-wide participation to understand challenges across the system

- Managed as a **controlled major incident**

- Issues/challenges/delays escalated through command structures

- Continuous performance monitoring throughout the event

- Opportunity to identify longer term improvements

# *Event times*

| | Thurs 16th May 19 | Fri 17th May 19 | Sat 18th May 19 | Sun 19th May 19 | Mon 20th May 19 | Tues 21st May 19 |
|---|---|---|---|---|---|---|
| AM Shift | 8am -2.15pm | 8am - 2.15pm | 8am - 3.15pm | 8am - 2.15pm | 8am - 2.15pm | 8am - 2.15pm |
| PM Shift | 1.45pm-8pm | 1.45pm-8pm | 2.45pm- 10pm | 1.45pm-8pm | 1.45pm-8pm | 1.45pm-8pm |
| Night Shift | | | | 8pm – 8am | 8pm – 8am | |

# *Bronze & Silver Control*

- **Bronze control room**

  - Full covered by STSFT senior operational staff

  - We also had key members of staff from various organisations i.e. NEAS, 111, DOS team, Data analysis from STSFT interrogating live data

  - Single point of contact for SLO/Volunteers during event

  - Single point of contact for escalation of issues that arise

- **Silver Command**

  - Daily meeting at 13:00 – 14:00 each day from Friday 17th May through to Tuesday 21st May inclusive of the weekend

  - All LAEDB partners had the opportunity to hear about the previous day.

  - Opportunity to instigate any changes which required senior approval to ensure changes are sustainable.
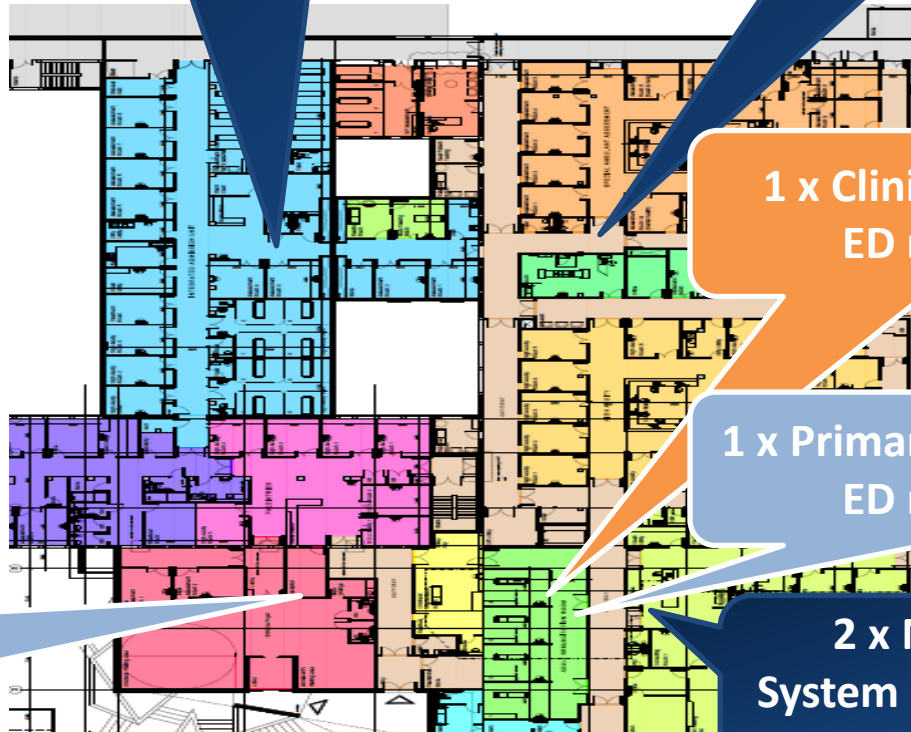
# The Perfect System - roles



2 x Non Clinical System Liaison Officers (UCC)

1 x Clinical System Liaison Officer (IAU)

2 x Clinical System Liaison Officers (ED Discharge Team)

1 x Clinical Navigator ED reception

1 x Primary Care Support ED reception

Runners/Admin Support x 2 (STSFT staff )

2 x Non Clinical System Liaison Officers ED Waiting area

Ambulance arrivals *(Covered by NEAS colleagues)*

# *Outcomes from the week*

- **83** system colleagues supported the event

- **209** out of **232** shifts were covered (91%)

- **1200** hours worked

| Area | Number of questionnaires completed |
|---|---|
| ED Ambulance corridor - Ambulance arrivals | 300 |
| ED waiting room - walk-in patients | 410 |
| ED - Discharge teams | 278 |
| IAU ward – patients admitted | 138 |
| Pallion UCC – walk-in patients | 470 |
| **Total** | **1596** |

*Over 1000 patients engaged with us during the event*

# Key Findings - NEAS

- **300** ambulance arrivals captured (87% of ambulance arrivals in the PS hours)

- **79%** *(237n)* were Pathfinder trained crews, of which:
    - **47%** *(112n)* were directed to ED following application of the triage tool
    - **21%** *(49n)* were transported to ED following Health Care Professionals (HCP) instruction
    - **15%** *(35n)* of Pathfinder referrals were failed Pathfinder referrals to Alternative Care Providers resulting in an ED attendance.
    - **17%** *(41n)* of crews overruled Pathfinder due to clinical/ safety concerns or lack of suitable alternative.

- crews are utilising the Pathfinder triage tool and attempting to engage with other care providers
- As a system if we were able to accept the failed pathfinder referrals then we would have seen 5 less ambulance arrivals to Adult ED each day across the event.

- NEAS Pathfinder trained crews don't have direct access to book into Sunderland GP Alliance Extended Access Service (SEAS).
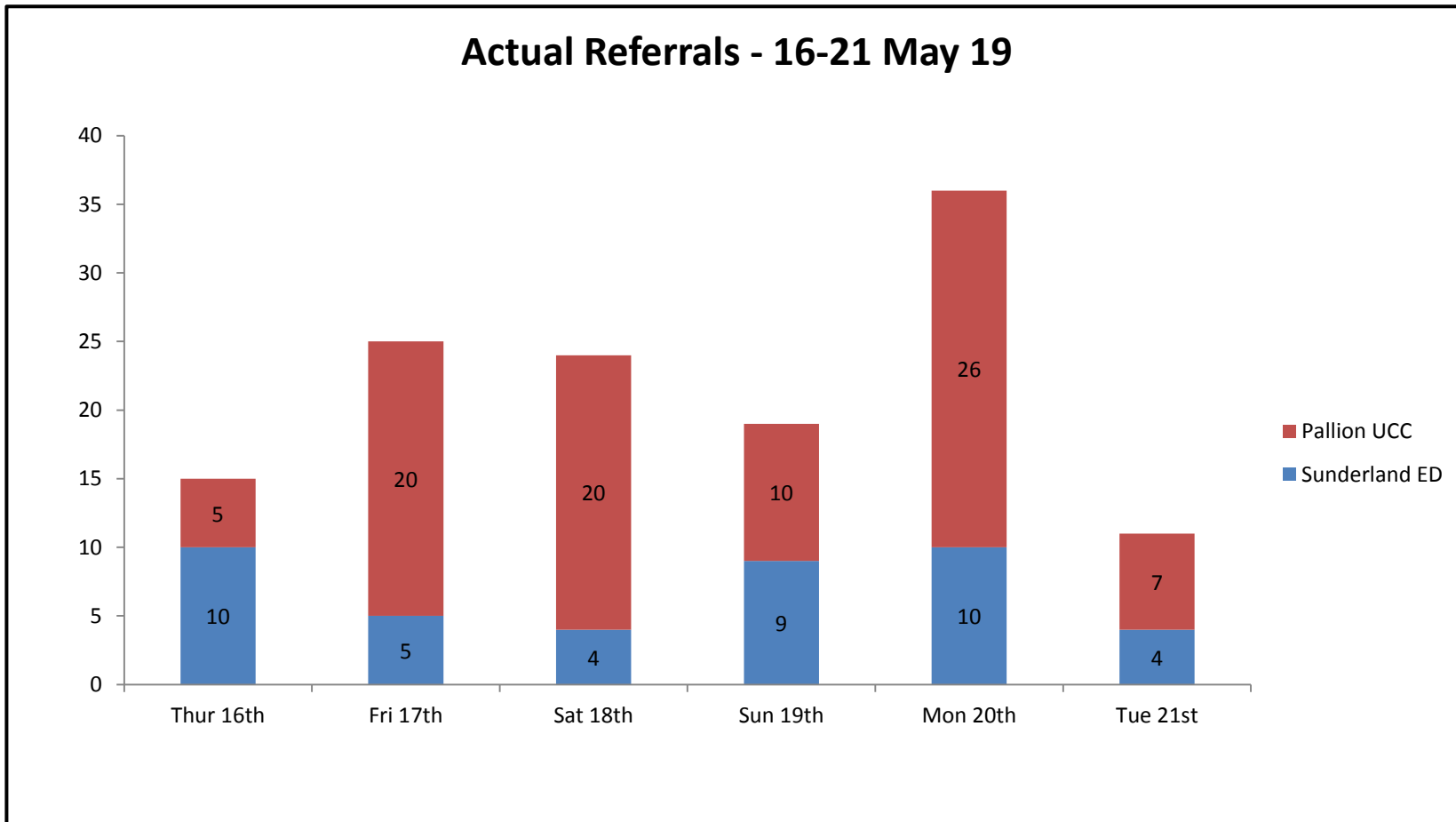
# Directory of Services (DoS)
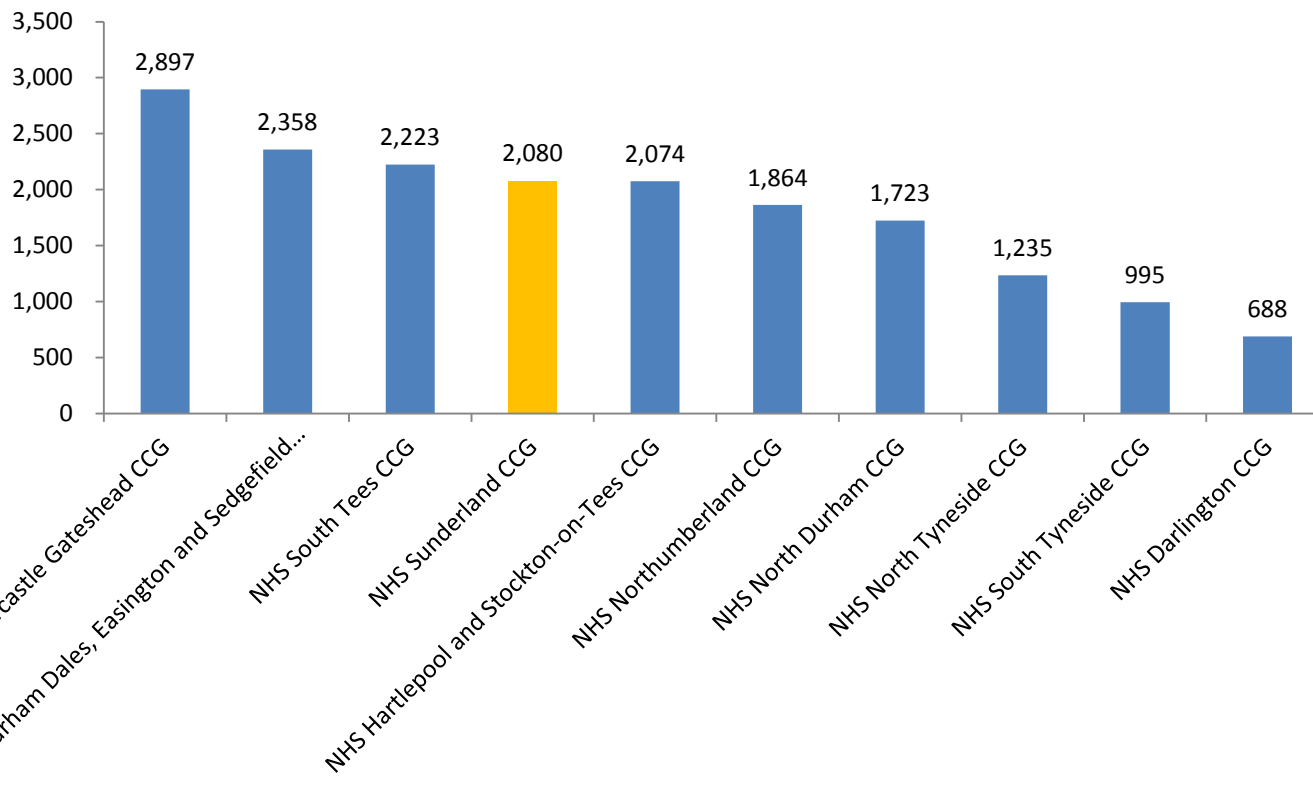
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*Total calls by CCG from 8am Thursday 16 May to 8pm Tuesday 21 May.*
Data obtained from IDT, Performance Management Dashboard.

# *DoS*



*Actual referrals by DoS selection into Pallion and ED on each day. Data obtained from IDT, Services Dashboard.*

# Key Findings - DoS

- Identified quick wins across the region by comparing UCC profiles as well as following up on patients attending*

- Key differences with UTCs out of e.g. UTCs in both Hartlepool and North Tees take the majority of ED level combinations so the patient does not hit the ED department which was evidenced by the data of most referred to service.

- Compares allowed us to also note that HAST also run a 24/7 UTC service however Sunderland have no additional face-to-face facilities post 10pm which mean that ED may be the only option within Sunderland left

- Capacity changes across the board were also monitored and services on average were full by 5pm from an Extended Hours point of view

- Three cohorts of patients through NHS111; 1. DoS Selection, 2. Cat3/4 refusal, 3. CAS referral. Further detail and understanding is required for cohort 2 and 3.

# *Key findings - ED Walk-in*
# *Top 5 themes*

We were able to capture 76% (410*n*) of all patients who arrived in ED during the event

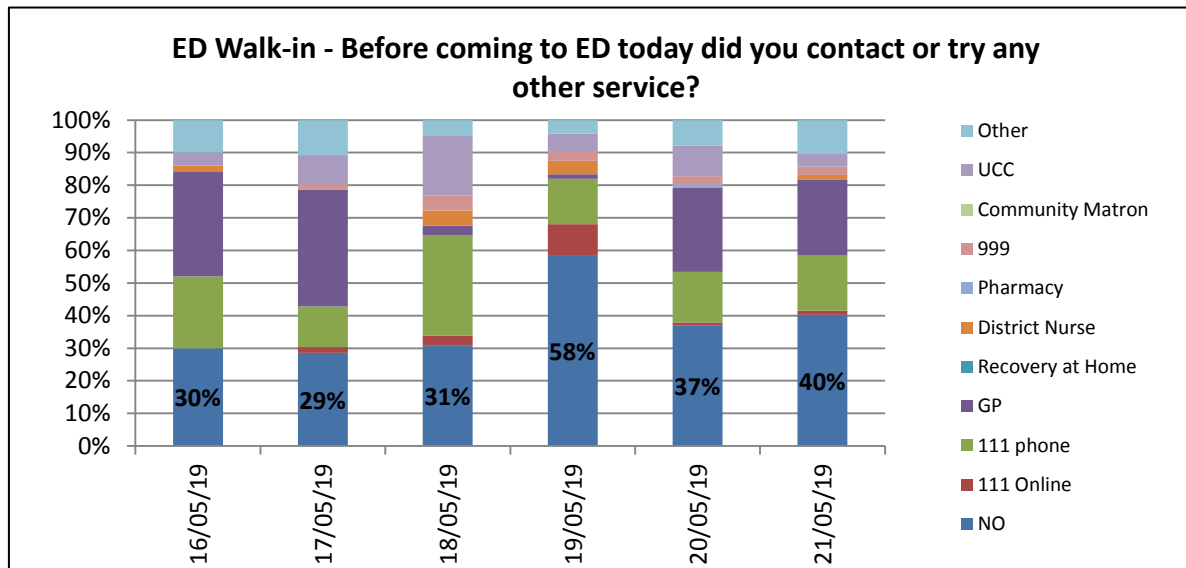| 1. Patient Choice (38%) | • Patient made the choice to attend ED |
|---|---|
| 2. GP contact (21%) | • Patient had made contact with GP before attending ED |
| 3. 111 referral (14%) | • Patient had been referred by 111 service |
| 4. Specialty (10%) | • Patient advised to attend ED from GP/specialty /recent discharge |
| 5. UCC referral (9%) | • Patient referred to ED from another UCC |

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# *ED Walk-in Proforma themes*

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**ED Walk-in - Before coming to ED today did you contact or try any other service?**

Legend: Other, UCC, Community Matron, 999, Pharmacy, District Nurse, Recovery at Home, GP, 111 phone, 111 Online, NO

Bars (NO %): 16/05/19 = 30%, 17/05/19 = 29%, 18/05/19 = 31%, 19/05/19 = 58%, 20/05/19 = 37%, 21/05/19 = 40%

- **40% (164n)** of patients <u>didn`t contact</u> or try any other service before coming to ED during the Perfect System week
- On Sunday this was **58%**

## When asked was there a reason why?

- Felt ED was best option
- Not sure of other services/where to go
- Past experience of other services
- Live near ED
- Wanted to see someone straight away

**Patients who <u>did try</u> another service before coming to ED:**

- Weekdays - top theme was GP contact
- Saturday - This changed to 111 (via phone)
- Sunday - 111 (phone or online)

HOME - There's no bed like HOME

# Key findings - UCC Walk-in
# Top 3 themes

We were able to capture 96% (470*n*) of all patients who arrived at Pallion UCC

| | |
|---|---|
| 1. Patient Choice (44%) | • Patient made the choice to attend Pallion UCC |
| 2. Tried GP first (16%) | • Patient had tried to made a GP appointment |
| 3. 111 referral (13%) | • Patient referred to Pallion by 111 |

# UCC Walk-in Themes

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UCC - Before coming today did you contact or try any other service?
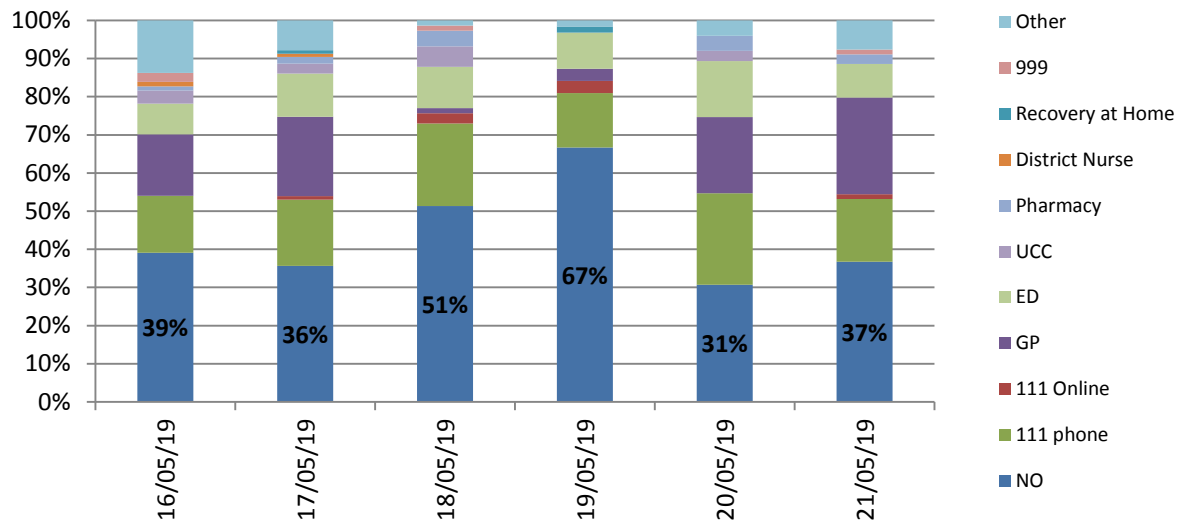
- **44% (207n)** of patients <u>didn`t contact </u> or try any other service before arriving at the UCC during the week
- On Sunday this was **67%**

## When asked was there a reason why not?

- Past experience of trying to get GP appointment
  - *Expectation that would be unable to get GP appointment*
- Felt needed to be seen today
- Easy to get to the UCC
- Past experience of advice from 111 service
  - *Didn't try as would be sent to Pallion anyway*
- Not sure of other services (students)
- Direct to UCC from work/school

**Patients who <u>did try </u>another service before attending the UCC:**
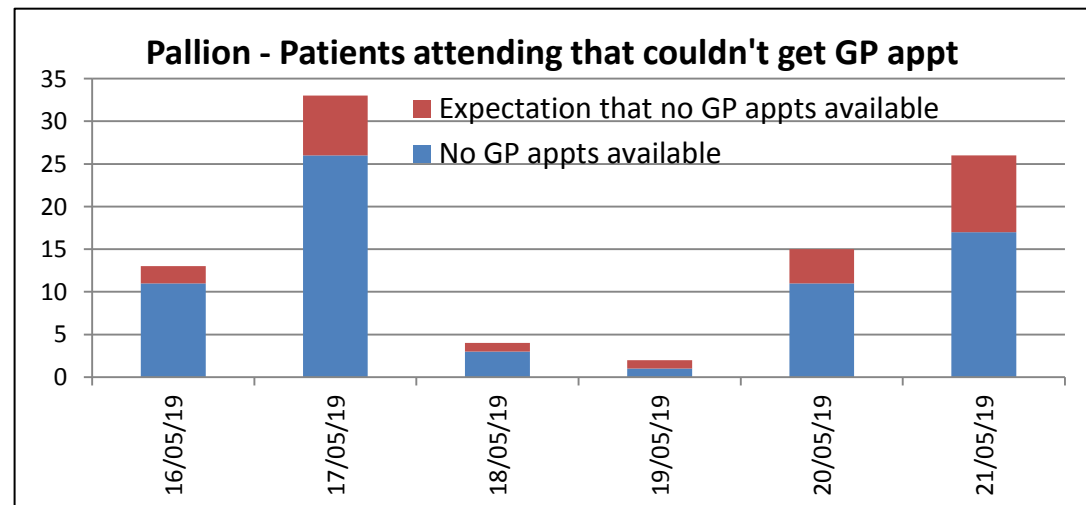
- Weekdays - top theme was GP contact
- Saturday  - This changed to 111 (via phone)
- Sunday     - 111 (phone or online)

# Key findings
# Walk-ins - GP key themes

From listening to the experiences that our patients shared with us linked to GP contact themes, this demonstrated that:

- No timely GP appointments available
    - *This sometimes resulted in multiple steps for patients as then advised to ring 111/then to attend UCC*
    - *Or having to keeping trying GP practice again at specific times*

- Patients were being advised by GP practice....*if not getting any better to attend UCC or ED*

- Some patients had a GP appointment in the future but wanted to see someone sooner

- Extended access appointments were not always being offered by GP practices

- Military personnel - problems accessing GPs in Sunderland when they visit family

**Pallion - Patients attending that couldn't get GP appt**

■ Expectation that no GP appts available
■ No GP appts available

# *Overarching Walk-in Themes*

- Awareness that GP appointments are available out of hours

- Perception that Urgent care strategy changes have already taken effect; Bunnyhill, Washington and Houghton

- Some patients unaware that Grindon lane was closed now

- University /over sea students not registered with GP

- Access to GP appointments

- Patient choice to walk-in rather than try alternative services

- Culture of immediate access

- Wording used by professionals *"if it gets worse go to ED"*

- *People don't talk before they walk…..*

  - *67% on Sunday didn't contact anyone before presenting*
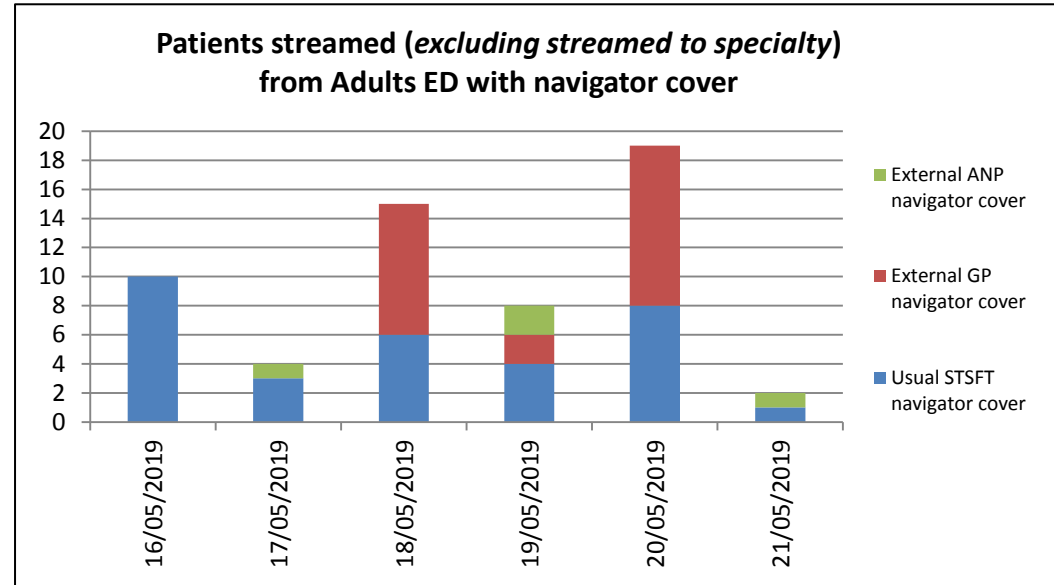
# *Key findings – Primary Care colleagues*

- Patients are attending who are registered with the DPS (Disruptive Patients Service) - nothing in the hospital system to alert NEAS or ED staff that patients may be a potential risk.

- A number of patients were suitable for a GP appointment but were Out of Area (OOA) patients, so not able to be seen in SEAS

- No appointments available at GP Practice and appointments for SEAS not released until 12noon

- Lots of patients presenting at ED reception stating they have been sent by GP, quite a few with printed summary sheets but not direct to specialty.

- Variation in the information that is sent with patient from GP

- Resistance from patients when navigator tries to stream patients to Pallion UCC.

# *Key findings – Streaming of patients*

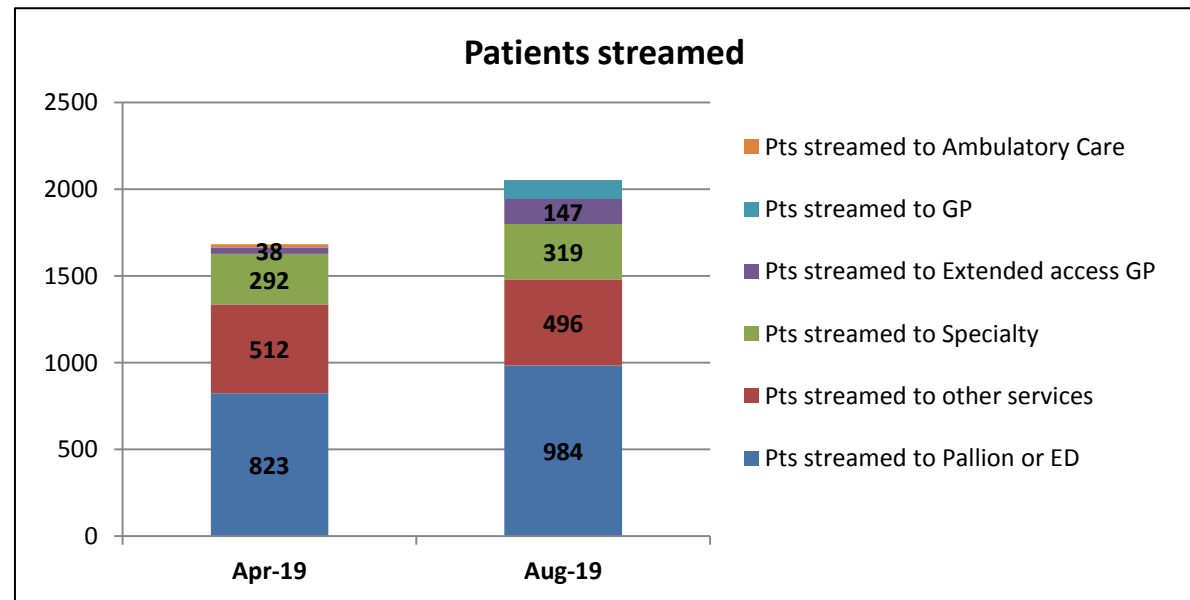**All Together Better**
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**During the event:**

- Feedback from clinicians demonstrated that the Navigation/streaming role isn't as easy as people perceive it to be…

- More patients were streamed when this role was undertaken by a GP and Nurse Navigator working together

**Patients streamed (*excluding streamed to specialty*) from Adults ED with navigator cover**



Legend:
- External ANP navigator cover
- External GP navigator cover
- Usual STSFT navigator cover

**Following the event:**

- We have seen a 22% increase in patients being streamed

**Patients streamed**



Legend:
- Pts streamed to Ambulatory Care
- Pts streamed to GP
- Pts streamed to Extended access GP
- Pts streamed to Specialty
- Pts streamed to other services
- Pts streamed to Pallion or ED

| | Apr-19 | Aug-19 |
|---|---|---|
| | 38 | 147 |
| | 292 | 319 |
| | 512 | 496 |
| | 823 | 984 |

# Key findings

## ED Discharge Team & IAU proforma analysis

In depth triangulation analysis has taken place on **344** patient records to understand :

- *Was there an alternative for ED attendance for this patient?*
- *If there isn't one currently would there be one should a service be in place?*
- *Did the hours of presentation prevent the alternative disposition?*

- **238** of these attendances/admissions were appropriate although within these numbers there were potential opportunities should other services have been available.

- potentially **93** patients could have either been seen in an alternative setting rather than an ED attendance or possible future opportunities to take forward.

| | |
|---|---|
| Direct to Specialty admissions | Care homes |
| GP | EACU |
| Mental Health/ Alcohol/Drug dependency support in community | OOH Interface team (extended service Hours) |
| Community support | Palliative care |
| Recovery at home | Social admission |
| Out of hours GP | Hot Clinic referrals |
| | Transport |

# Key findings – potential opportunities to reduce ED attendances

Following the in depth analysis; if we were to execute actions and recommendations we have attempted to quantify potential reductions in ED attendances in the table below:

| Area | Number patients |
|---|---|
| NEAS – failed pathfinder referrals | 35 |
| Patient choice attendances & outcome was discharged without any further follow up | 129 |
| DoS updates/changes | 17 |
| Utilising SEAS appointments | 17 |
| Potential Opportunities  *(144 of these UTC)* | 237 |
| Direct to specialty | 54 |
| **Total potential patients** | **489** |

*Percentage total of all Adult ED & Pallion attendances (34%)*

# *The Offer Out of Hours*

- **OOH GP:** Based in Leechmere supporting home visits and Recovery at Home but unable to stream patients to the service.

- **EA:** Often full capacity by 18:00

- **ED Interface:** Service up until 19:30

- **Frailty:** Currently only morning service

- **Ambulatory Care (Medical)**
  - Opening hours 8am-9pm 7 days a week
  - Nurse led service after 7pm weekdays and all day weekends
  - Streaming from ED generally stops at 6pm due to this

- **Pallion**
  - Opening hours 10am-10pm weekdays, 8am-10pm weekends
  - Streaming from ED generally stops at 8pm as still taking direct referrals with often full department

# *Quick wins during the event*

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- Urgent care centres to profile NHS pathways in house clinician ED combination

- SLO`s promoting Extended access/RAH service

- NEAS pathfinders direct access to SEAS

- Direct access to integrated community teams from hospital

- Staff now have a greater understanding of each others services

- RAH escalation plan amended to also inform Duty Matron / Night Matron at Sunderland, previously only the ST manager on call was contacted.

There's no bed like HOME

# *Next Steps*

The 100 Challenge

The Reality….

Performance Impact

What next?