The Shrewsbury and Telford Hospital NHS Trust

Unscheduled Care

Clinical Service Strategy
Drivers for Change

• Provision of a high quality safe emergency services

• Clinically and financially sustainable

• Workforce

• 7 days a week

• Changing Demographic and Patient Needs

• New model required in the delivery of Emergency and Urgent Care services
Hospitals 'on brink of collapse'

By Nick Triggle
Health correspondent, BBC News

Hospitals in England could be on the brink of collapse, leading doctors say.

The Royal College of Physicians said the triple effect of rising demand, increasingly complex cases and falling bed numbers was causing problems.

The college's report claimed urgent care was already being compromised and warned the situation would get worse unless something was done.

But the government rejected the suggestion, saying the NHS was ready for the challenges it was facing.

Patients' lives at risk in NHS hospital wards 'on brink of collapse'

Patients' lives are at risk in NHS hospital wards that are “on the brink of collapse” due to a critical shortage of out-of-hours doctors and growing numbers of the elderly.
Unscheduled Care – Aims & Objectives

Right place, Right person

Valued & skilled teams

Quality, safety, flow in ways that are clinically and financially sustainable
Unscheduled Care – Operational concepts

Operational concepts:

Four themes of operational working that underpin the methods by which we will achieve our aims. These are:

1. Supporting service improvements led by the specialist multidisciplinary team

2. Building resilience into processes that deliver high quality care

3. Optimally use bed base in support of patients going to the correct specialist ward

4. Engaging staff to share our values, standards and aims.
Service Improvement

ANATOMY

+

PHYSIOLOGY
Excellence ↔ Excellent People

Motivated and well managed workforce

with sufficient capacity to deliver quality, safety and flow seven days a week

in a way that is clinically and financially sustainable

Appropriate environment that supports continual improvement

The Shrewsbury and Telford Hospital NHS Trust
Quality

Cost

Workforce

Access

CLINICALLY & FINANCIALLY SUSTAINABLE
Unscheduled Care – making it happen

- Early Consultant Assessment
- Ambulatory Care
- Short Stay Ward/Unit

- Early specialist opinion
- Pull/push onto appropriate specialist ward

- Planning management and discharge
- Board Round
- Frailty Project

Integrated working with health and social care service partners
Cross site working; RSH bed reconfiguration; Site management
Stroke service; 7 Day Working; workforce review
Emergency admissions where the length of stay is zero

2.3 Count of Zero LOS Emergency Admissions: Medicine Centre

Data Updated: 2014-02-10 14:47:23

Month (Apr)
Average length of stay of an episode (excludes zero LOS) (medical only)

Royal Shrewsbury Hospital

Princess Royal Hospital

Proud To Care
Make It Happen
We Value Respect
Together We Achieve
Unscheduled Care – Priorities

1. Embed a patient focussed safety culture to ensure that services are safe and key quality standards are achieved

2. Develop a transition plan that maintains the safety and short term sustainability of our services pending the outcome of the FutureFit

3. Develop and implement a Workforce Strategy in support of Point 2.

4. In partnership with commissioners progress service reconfiguration and service transformation priorities being Cardiology, Urgent Care Centres & Care of the Older patient.

5. Staff Engagement Plan to motivate and involve staff in service redesign, reform and reconfiguration to reduce existing recruitment issues and increase capacity

6. Identify efficiencies through service redesign and effective data capture to ensure the long term financial sustainability of services
Unscheduled Care – making it happen

Year 1 – 2 PRH

• Continuing Improvements in delivery of care to the elderly
• Further Development of Ambulatory Care
• Mitigating the risks associated with Emergency Department
• Implementation of a number of workforce initiatives
• Implement UCC Model alongside ED
• Examining Options for establishing a CDU facility within A&E
• Developing the Cardiac Centre model, in support of a Cardiac Centre for the Trust
• Open the new short stay ward (Ward 17)
• Maintain and improving the single site hyper acute, acute Stroke unit
Unscheduled Care – making it happen

Year 1 – 2 RSH

- Continuing Improvements in delivery of care to the elderly
- Further Development of Ambulatory Care
- Mitigating the risks associated with Emergency Department (ED)
- Implementation of a number of workforce initiatives
- Implement Urgent Care Centre Model alongside ED
- Establish the RSH Children’s Assessment Unit alongside ED
- Medical bed reconfiguration
Unscheduled Care – making it happen

Whole system approach

Innovative workforce
Unscheduled Care – making it happen

Improving care for those attending our Emergency Departments with Minor Illness and Minor Injury

Whole system approach

Innovative workforce
Urgent Care Centre

Primary Care clinicians delivering a new stream for patients who attend our Emergency departments with minor illness and minor injuries:

- 'Walk Ins'
  - Minors
  - Majors

- UCC
  - Minors
  - Majors
Unscheduled Care – making it happen

Improving care of the elderly in our hospitals

Whole system approach

Innovative workforce

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>4.2%</td>
</tr>
<tr>
<td>Emergency Adms</td>
<td>11.0%</td>
</tr>
<tr>
<td>Ordinary Elective</td>
<td>8.0%</td>
</tr>
<tr>
<td>Elective Day Case</td>
<td>8.4%</td>
</tr>
<tr>
<td>Maternity</td>
<td>-1.4%</td>
</tr>
<tr>
<td>1st OP</td>
<td>6.8%</td>
</tr>
<tr>
<td>OP Procedure</td>
<td>6.5%</td>
</tr>
<tr>
<td>Follow-Up OP</td>
<td>8.9%</td>
</tr>
</tbody>
</table>
Unplanned Acute Utilisation Rates by Single Year of Age

Males

Females

Experience Counts
Number of A&E attendances where disposal is admitted to hospital by site
3.1 Count of A&E Attendances: (all data)

Data Updated: 2014-02-10 14:47:23

Winter 10/11  Winter 11/12  Winter 12/13

Proud To Care
Make It Happen
We Value Respect
Together We Achieve
PRH Total daily number of Patients on selected wards with a length of stay greater than 14 days (Ave = 53)

RSH Total daily number of Patients on selected wards with a length of stay greater than 14 days (Ave = 49)
Model of Excellent Care for the Elderly

• “Excellence” is more a model of care than a physical location

• The absolute key to this model is the need to recognize the speed that decompensation can take hold in elderly patients.

• The benefit therefore starts with a model that focuses on optimizing individual patient potential and mobilisation from the start.

• The full benefit of this model can only be realised through whole health economy change.

• What we have learnt from other health economies which are more evolved is the benefit of being able to offer a range of options so that care can be stepped up or down according to the needs of an individual patient.

• This is more easily achieved in a vertically integrated model that has overcome the handicaps of organizational boundaries, competitive behaviours and separate funding streams
**Care of the Elderly Centre of Excellence**

*This Care of the Elderly Service could be provide using a Hub and Spoke Methodology*

<table>
<thead>
<tr>
<th>Service which could be delivered in the Acute (Hub) –</th>
<th>Service which could be delivered in the Community (Spoke)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Urgent care centre, ED, CCC or direct referral from GP</td>
<td>• Community hospital beds</td>
</tr>
<tr>
<td>• Frailty team (<em>Geriatrician</em>, nurse, therapists placed in AMU and available at each stage)</td>
<td>• Community rehab service (integrated)</td>
</tr>
<tr>
<td>• Integrated social worker</td>
<td>• Virtual Ward (manage patients with comprehensive advice and care package in own home)</td>
</tr>
<tr>
<td>• Elderly Care Assessment</td>
<td>• Future potential for GP Virtual Ward hub (admission avoidance)</td>
</tr>
<tr>
<td>• Acute beds (aim for +/- 72 hour LOS and AVLOS 6 days)</td>
<td></td>
</tr>
<tr>
<td>• Acute rehab beds (stage 1 step down)</td>
<td></td>
</tr>
</tbody>
</table>
Unscheduled Care – making it happen

Improving care for those Cardiac Disease requiring interventional Treatment/diagnostics

Our anatomy and physiology
Development on Cardiology

The Model below summarises how services could further develop across community, acute and tertiary care over the next 2 years subject to the necessary business case approvals.
Development on Cardiology

The Model below summarises how services could further develop across community, acute and tertiary care over the next 2 years subject to the necessary business case approvals.

Anatomy
PRH – create an Ambulatory Care and Cardiac Transfer Unit

Physiology
Daily Coronary angio/intervention list
Daily AMU in reach
Unscheduled Care – making it happen

Yes, but ........................................
Unscheduled Care – making it happen

Futurefit
Shaping healthcare together
One Major Emergency Centre

Our clinicians are unanimous in their view that the only clinically sustainable solution to the configuration of our EDs is a single site.

Future Fit: Acute and Episodic Care Model
Unscheduled Care Development

2 Year Plan – This plan will only mitigate the problems within the service in the short / medium term

- UCC
- Elderly care
- Specialist Service Improvements
- Cardiology
- Stroke
- Haem/Oncology
- Renal
- Workforce

Futurefit
Shaping healthcare together
Summary

The Unscheduled Care Group have an exciting and challenging strategy for the next few years, this is seen as a period of evolution, during which services will be developed to provide the best possible outcomes and quality within the physical constraints of the Trust. This period of evolution is also seen as critical in ensuring SaTH is able to recruit high quality staff into all posts, to deliver a sustainable service while moving forwards the single major emergency centre becoming a reality.