

A small team with a big ambition

North West Anglia NHS Foundation Trust

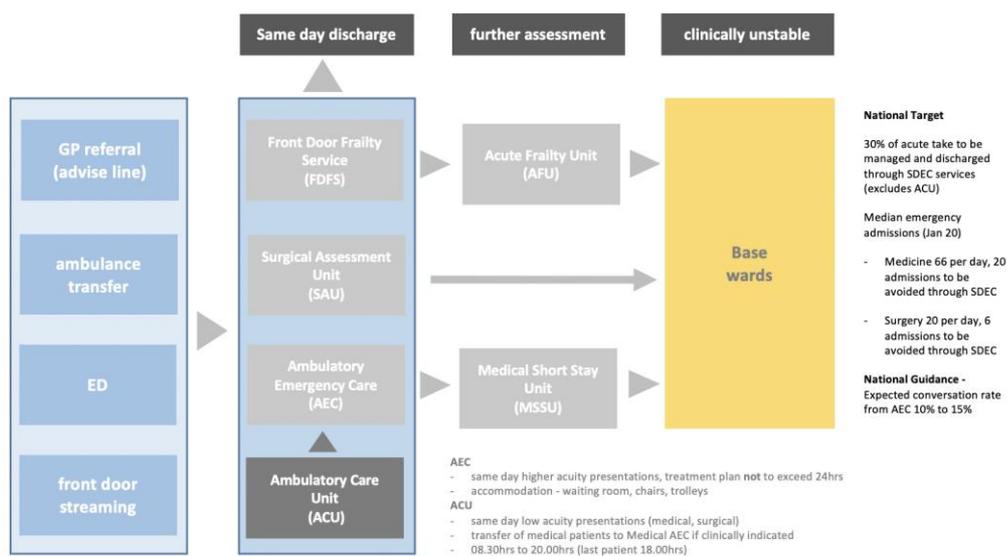
The challenge

The team at Peterborough City Hospital took on an extremely ambitious project in part as a response to the analysis they received as part of the Accelerator Programme. Their existing SDEC offer was based in an outpatient type setting and ran alongside a planned investigation/treatment clinic. The physical space, while attractive and good at preventing escalation use, limited the patient types that could be managed. Being situated far from ED and being co-located with a planned care clinic further influenced how the aim of the service was seen. All of this contributed to a low acuity and complexity cohort of patients being seen that included a significant proportion of activity that could have been managed outside of the emergency pathway.

What they did

A number of changes in clinical and management leadership provided the opportunity to think differently about the whole emergency pathway and how SDEC would be a key piece of this. Plans were developed to move to an emergency floor approach and for SDEC to be the first port of call wherever possible.

Proposed SDEC Clinical Pathway – PCH



As part of this the team undertook detailed demand mapping using tools and techniques from the Accelerator programme to understand their workforce and estates needs as well as how achieving their SDEC ambitions would change the balance of assessment, short-stay and full admission beds.

AEC Workforce Model - clinical

Arrival time	No. of new AEC patients per day (by arrival time)	RAT Consultant time (mins) based on 15-min RAT	Junior doctor time (based 1hr per assessment)	Review Consultant time (mins) based on 7.5 min follow up review	Trolley spaces (approx. 40%)	Chair spaces (approx. 60%)
08:00	1	15		7.5	1	1
09:00	2	30		17.9	1	1
10:00	3	45		24.4	1	2
11:00	5	75		37.9	2	3
12:00	5	75		35.1	2	3
13:00	4	60		32.8	2	3
14:00	5	75		37.5	2	3
15:00	6	90		45.1	2	4
16:00	7	105		54.2	3	4
17:00	8	120		58.5	3	5
18:00	7	105		55.4	3	4
19:00	6	90		41.6	2	3
20:00	5	75		37.1	2	3
21:00	4	60		29.9	2	2
total	69	1020		514.8	28	41
Consultant total hours per day		17		9	14	20

Assumptions
 1) total 69 patients processed through AEC per day (arrival time based on ED referral time data)
 2) x2 (8.5hrs per day) RAT Consultant per day (based on 08.00hrs to 21.00hrs)
 3) x1 (9hrs per day) Review Consultant per day (based on 08.00hrs to 21.00hrs)
 4) 28 patients per day managed on trolleys (40%), requiring 14 trolleys based on 6hr journey time
 5) 41 patients per day managed on chairs (60%), requiring 20 chairs based on 6hr journey

What they found/achieved (the outcomes/data)

By recognising the SDEC improvements part of a wider improvement programme integrated with the whole emergency pathway the team were able to effect large scale change and enter into their new model well informed about the resource and activity implications.

One of the issues that emerged during this programme due to the sheer pace was staff anxiety about the potential change to their roles. Staff engagement therefor became a key part of the delivery.



Next Steps

Embedding the new integrated model is the next stage and this will likely include some refinements to some of the initial assumptions made in planning. There is also further ambition to review how SDEC is delivered on the Trust's other acute site and understand where standardisation adds value and where a local approach is better.

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