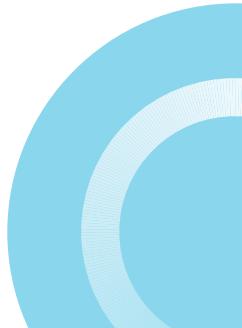
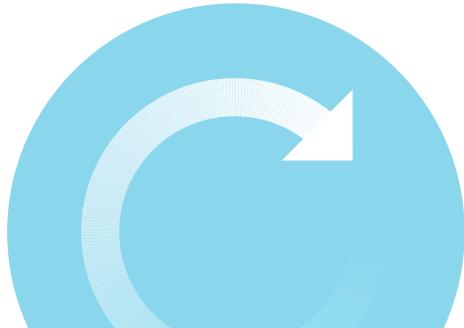




Ambulatory Emergency Care Whole-System Change in East Kent

East Kent Hospitals University NHS FT



Whole-System Change in East Kent

In East Kent, Ambulatory Emergency Care has improved the experience of patients, increased the efficiency of emergency care and reduced unnecessary admissions. Over and above this, however, it has become the catalyst for a complete overhaul of Acute Medicine.

East Kent University Hospitals NHS Foundation Trust was an early pioneer of Ambulatory Care back in December 2010 when it began a pilot at the William Harvey Hospital in Ashford. Three years on, the entire local health and social care system has come together to review how organisations can work in a more integrated way to make it easier for acute patients to be diagnosed, treated and discharged from hospital the same day. The Trust told the Ambulatory Emergency Care Network how Ambulatory Care is helping to create whole-system change in East Kent.

In 2011, in common with many hospitals, East Kent University Hospitals was experiencing increasing demand for Emergency Care. The system was overloaded and the experience of some patients was poor. The Emergency Care Intensive Support Team (ECIST) from NHS IMAS recommended Ambulatory Emergency Care as a way of overcoming some of the patient flow issues East Kent was experiencing in Emergency Care.

Improvement Work Streams

ECIST was invited in by the Trust to help develop three improvement work streams with the aim of tackling the issues around Emergency Care. One of these work streams was Ambulatory Emergency Care. Service Improvement and Innovation Manager and Ambulatory Care Project Lead, Juliet Apps explains:

"We began by exploring what an Ambulatory Care Service might look like and which types of patients we might be able to treat in this way. Using the Directory of Ambulatory Emergency Care, we developed six ambulatory pathways initially by mapping with the clinical leads what the current pathway was and then mapping a new pathway. The pathways developed were DVT, Pulmonary Embolism, Anaemia, COPD and TIA. We chose these particular pathways as the Trust could see the benefits to the patients and the activity involved. We could also see how easy it would be to adapt these to become ambulatory.

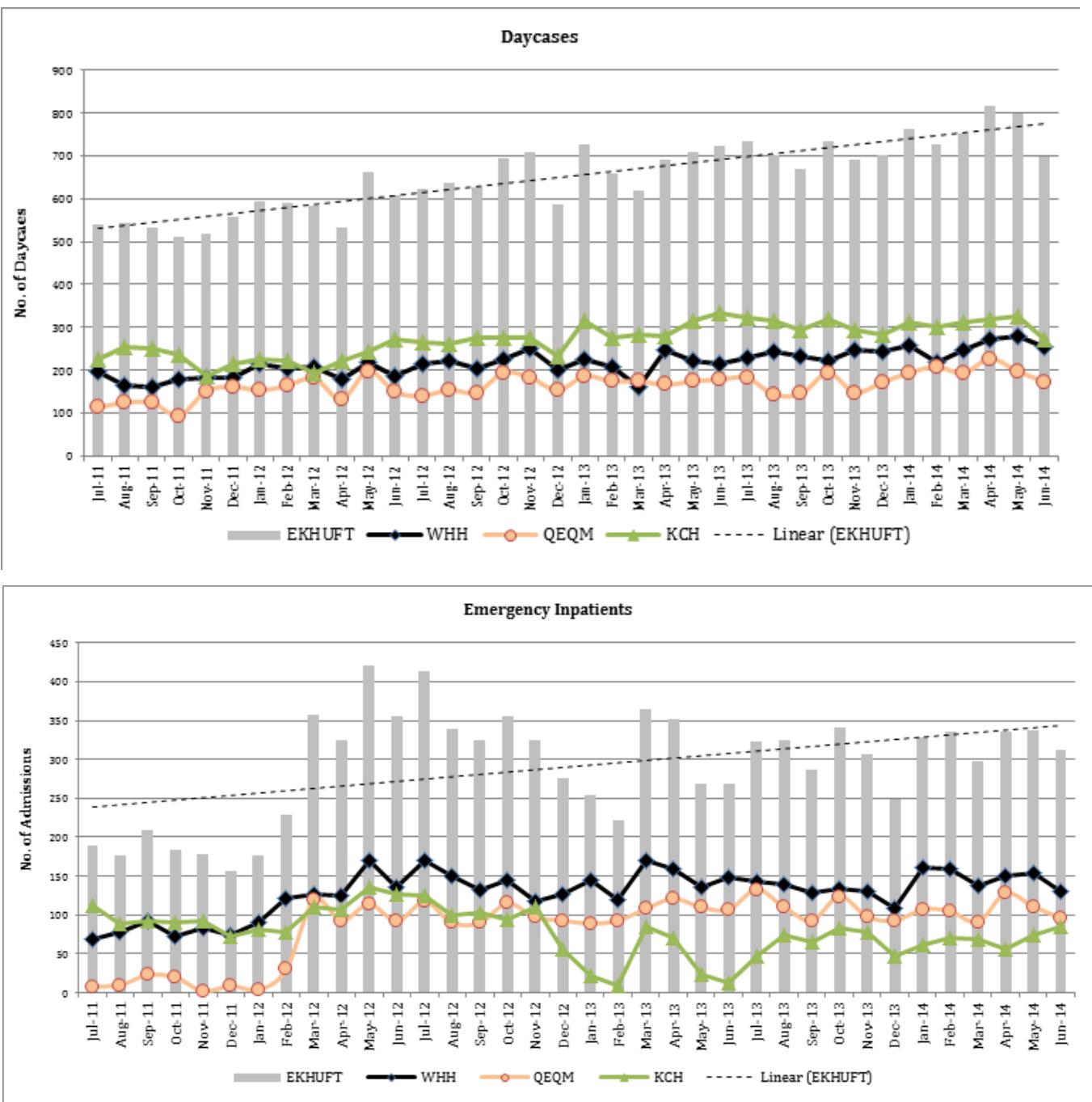
The pathways were agreed with GP colleagues and through our own governance processes, we then began the process of education, signposting and launching our new Ambulatory Emergency Care Service. We created an Ambulatory Care Unit at each of our three acute sites, in Ashford, Canterbury and Margate, and began to work on further pathways from the Directory. Six of these pathways are now implemented and a further three are being piloted. We promoted the new service to GPs via the GP forums. A further unit is due to open in Dover in 2015."

Funding Issues

Despite the early success of Ambulatory Care, however, the Trust came up against commissioning issues in 2012. "When CCG's were created, we found ourselves working with four separate CCG's," explains Juliet, "and they each wanted to fully understand the impact of Ambulatory Care and the cost implications of treating patients in this way. There was concern that the Best Practice Tariff could lead to hospital services being more costly. Further work on the development of additional pathways was halted in order for us to model the activity, cost and income on the six pathways we already had implemented.

"It was a lengthy process but, ultimately, it proved valuable as it allowed us to demonstrate the impact of Ambulatory Care and, also, to build good relationships with the CCG's. There were some issues with coding undiagnosed conditions and in which areas patients received their treatment on the emergency floor. These issues dictated which tariff was charged, so a block contract was negotiated in order to share the risks. This was a major step forward and it helped to 'unblock' the development process."

The six existing Ambulatory Care pathways were commissioned and the development of further pathways continued with a whole-system mindset. Community teams were involved in developing pathways, such as the COPD pathways, which had input from the Community Respiratory Nurse Team. The fact that the Trust now has a whole-system mindset is an important outcome of the system modelling process that it went through with the CCG's.



Further pathways were introduced at the end of 2013, including: Low Risk Upper Gastro Intestinal Bleed, Painless Jaundice, Asthma and Lower Respiratory Tract Infection. At the end of 2014, the Trust also introduced: Pleural Effusion, First Seizure and Community-Acquired Pneumonia.

Open Six Days a Week

The three East Kent Ambulatory Emergency Care Units are open from 8am to 8pm, Monday to Friday and Saturday from 8am to 2pm. The Trust is currently undertaking a feasibility study into Sunday opening.



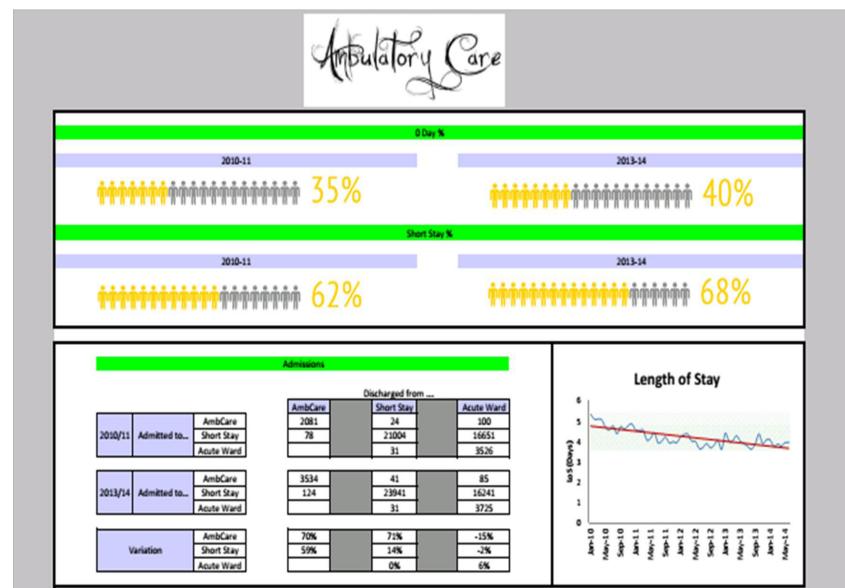
As well as treating pathway conditions, the units also provide a range of elective services, such as lumbar puncture, CT guided biopsies and blood transfusions.

Moving Away From Pathways

As Ambulatory Emergency Care has become more established in East Kent, the team has begun to recognise the limitations of a pathway approach. Juliet points out that, while it was beneficial at the outset to have an exclusively pathway-driven approach, this can limit the potential number of patients who are treated in an Ambulatory way.

"For this reason, we are moving to more of a 'process model' approach which means we will consider more patients as potentially Ambulatory, rather than just sticking to those on a particular pathway. In this we we should see more patients, including those with co-morbidities or who are undiagnosed."

The Trust intends to keep its existing pathways and those currently in development, but plans to build on the service it already has. "We are currently in discussions with the CCGs about this," says Juliet. "The fact that we are on a type of block contract should make this much easier to implement. Progress on activity is constantly monitored through our dashboard, which shows us activity through the units, by pathway, by emergency/elective, by GP and so on, so we can understand the impact."



A CCG Federated Approach

One of the factors that has contributed to the success of Ambulatory Emergency Care in East Kent is its highly successful federated approach across four CCGs. The East Kent CCG's Urgent Care Board hold a monthly clinical forum, attended by representatives from across health and social care.

This forum brings organisations together, which not only facilitates difficult discussions, but which also helps to bring about whole-system change. Urgent Care Programme Lead for the Federation of East Kent CCGs, Alistair Martin, explains how:

"We have recently held a whole-system discussion, chaired by Dr Jonathan Hawkins, Medical Director of the East Kent University Hospitals NHS Foundation Trust, and Dr Mark Jones, Urgent Care Chair for East Kent."

"We looked at how the acute model of medicine will develop across providers in East Kent. Following this meeting, which had input from various providers, we are developing a new structure for acute medicine across the health economy that will support same-day emergency care and discharge and that uses an integrated approach to maximize impact."

"We are keen to reach the point where acute patients are regarded as Ambulatory by default, unless there are clear indications to the contrary, in line with a 'process model'. To achieve this, we need a whole-system model of care that supports same-day discharge. Acute Medicine in East Kent is working towards a wrap-around service that supports patients both in and out of hospital, so there is no need for them to remain in hospital longer than they need to."

The Impact of Ambulatory Emergency Care

As a result of the new Ambulatory Emergency Care service, zero length of stay has increased to 33% from 28%, with impacts on short stay increasing to 69.7%.



Clinical Lead for Ambulatory Care, now Medical Director, Jonathan Hawkins comments:

"Ambulatory Emergency Care has been transformed over the past few years, with benefits for patients as well as evidence of a left shift in the length of stay profile. Our challenge has been around gaining momentum for investment to extend the service available and embed a culture shift towards a process approach. Financial alignment remains an issue, but there has been movement towards an integrated approach."

The service has Board level support, as Chief Nurse and Director of Quality and Operations, Julie Pearce explains:

"Ambulatory Emergency Care has enabled patients to receive high quality care in a way which fits in with their day-to-day life and without the need for them to be admitted into the hospital system. The concept is an enabler to improve patient flow and we have embraced this as an organisation."



More importantly, Ambulatory Care is improving the experience of patients. Comments captured from the Service Evaluation questionnaires include:

"I would never feel afraid about coming to the unit."

"The Ambulatory Care Unit and its staff are a credit to the profession, extremely capable and professional in every respect!!"

"Much better than staying in Hospital!"

More importantly, Ambulatory Care is improving the experience of patients. Comments captured from the Service Evaluation questionnaires include:

Julie adds: "The thing I am most proud of is the fact that Ambulatory Care always gets such positive feedback, with patients reporting an excellent experience. That's what we're here for after all."

The Key to Reducing Waste

Alistair believes that Ambulatory Emergency Care is the key to reducing waste within Emergency Care:

"Rapid assessment of patients on arrival can dramatically reduce waiting times. Traditionally, when a patient arrives at A&E, it can take up to six hours for them to be seen by a junior doctor and go through the clerking process. The peak arrival time is 4pm so, after that six-hour wait, it is around 10pm and the likelihood is that the patient will be admitted.

"By turning things around so that patients see a senior decision maker at front of house within minutes of arrival, you have a far more dynamic system. Patients get an immediate assessment and referral for diagnostics, if necessary. Referrals from Ambulatory Care are given the same priority as A&E so treatment can begin much sooner. It is then much more likely that we can discharge the patient same-day.

"We recognise that we have not yet achieved our full potential with Ambulatory Care and we are working closely with diagnostics teams to streamline this part of the process. Work is ongoing with community teams to create a pathway for Ambulatory Care that follows the patient back out into the community. It is a journey and we haven't yet reached our destination but the early signs are encouraging."



Dr Kim Gardner, from NHS Canterbury and Coastal CCG, has a Primary Care Liaison role. She was appointed by the Trust as Associate Director of Primary Care to help develop the primary care strategy. Dr Gardner is instigating closer working with GPs and improving integrated working by developing new pathways across primary and secondary care. For Ambulatory Care, that means building on the work already done, developing further pathways and processes and moving suitable nurse-led 'cold' ambulatory pathways to the community to facilitate an increase in acute Ambulatory Care activity on the acute hospital sites.

Dr Gardner believes "The development of the Ambulatory Care Service in East Kent has had a lot of benefits for patients, GPs, the acute Trust and community services. Four East Kent CCGs have had to work collaboratively to develop and streamline pathways. This closer working has had benefits beyond just Ambulatory Care".

New Ambulatory Care Degree Module

Not only has East Kent pioneered a successful federated approach, but it has also become the first hospital in the UK to create a nursing degree module for Ambulatory Emergency Care. Ambulatory Care Matron, Sue Holmes, explains:

"Since we introduced Ambulatory Emergency Care, staff have had to adapt to the challenges of a fast paced ambulatory environment. Some have found this particularly challenging. Initially, I developed a competency framework for Health Care Assistants and trained nurses working in Ambulatory Care.

Then when the Trust introduced Band 4 Associate Practitioners, I worked with the Lead Nurse for the training programme to develop a competency framework for APs working specifically in Ambulatory Care. Band 4 Associate Practitioners are invaluable in assisting Registered Nurses within the ambulatory environment. They provide much needed support to staff of all grades and patients, providing a better patient experience. The continuing development of competencies has given them the opportunity to develop and grow professionally within the role and has enhanced the service we provide."



"I also identified that there was a gap in the academic development of Registered Nurses who work in Ambulatory Care. While they were developing their clinical skills, some of them had no idea of the national drivers for Ambulatory Care. So in conjunction with Christchurch University, I developed an Ambulatory Emergency Care degree module. This has been offered in East Kent since February 2014 and I have had a lot of interest from Nurse Managers nationally, wishing to develop a module in their areas."

One Ward Manager who recently completed the module comments:

"I found it hugely beneficial to gain an understanding of the business underpinning to support Ambulatory Care. For staff who do not work within Ambulatory Care I could see this module being very enlightening."

Sue goes on to explain that "From February 2015 the module will be opened to Associate Practitioners wishing to develop further and at both degree and masters level. It will also be offered in both semesters. This is the next step in the development of the Advanced Nurse Practitioner role and I have already started working on it with Canterbury Christchurch University for implementation in the future."

Support from the Ambulatory Emergency Care Network

East Kent joined the Ambulatory Emergency Care Network in April 2013 and has found its support useful to get stakeholders on board, and also to provide information on the national picture and the direction of travel for Ambulatory Emergency Care. Juliet comments:

"When we joined the Network, we were at a very different stage to many of the other Trusts on our cohort. We didn't need help in setting up an Ambulatory Care Unit, but it was useful to have the Network's endorsement of our decisions to move to more of a process approach and to have their support in getting stakeholders on board with the development of Ambulatory Care. Caroline Dove, Chief Executive of NHS Elect, which hosts the Network, helped to facilitate our whole-system meeting."



Critical Success Factors

East Kent has learned some important lessons since it began pioneering Ambulatory Emergency Care. Urgent Care Programme Lead for the Federation of East Kent CCGs, Alistair Martin, and Service Improvement and Innovation Manager and Ambulatory Care Project Lead, Juliet Apps, regard the following as their critical success factors:

A whole system approach: In March 2014, East Kent introduced system-wide monthly emergency care meeting. It has been a very effective way of bringing the whole system together, which is in line with the national integration agenda.

A broader perspective: Keeping abreast of what is happening nationally is important to gain the impetus for change. East Kent had a very engaged lead clinician in Ambulatory Care, Jonathan Hawkins. He is now helping to drive the move towards a process approach, in recognition of the way Ambulatory Emergency Care is evolving nationally.

Communicating with colleagues: There were some initial concerns from diagnostics when the Trust began to expand the Ambulatory Care pathways as there were fears that this would be additional activity. But, by involving them in developing the pathways it was clear this was not new activity but simply activity in ACU rather than CDU, and earlier rather than later in the pathway.

Avoiding too much focus on the financial agenda: "In East Kent we got bogged down in discussions about the tariff. You need to allow transformation to take place without getting too fixated on financial issues." Alistair Martin

7-Day Working: You need to align your core hours to the times of peak demand. Ambulatory Care gets busy from 4pm, so you cannot close your doors at 6pm. The unit in East Kent is open six days a week from 8am to 8pm, Monday to Friday and 8am to 2pm on Saturday. They are looking at the feasibility of Sunday opening as well.

To find out more about Ambulatory Care
please go to:

www.ambulatoryemergencycare.org.uk
or email aec@nhselect.org.uk