

All eligible emergency medical patients to be seen in GPAU.

University Hospitals of Leicester NHS Trust

The challenge

University Hospitals of Leicester NHS Trust was part of the Ambulatory Emergency Care Network (AECN), and one of the trusts looking at AEC pathways.

The aim of their AEC project was to ensure all eligible medical emergency patients to be treated in GPAU, reducing the need for admission to an assessment unit bed. Aim to move GPAU from 29% of the medical take to 33% in the first year

What they did

The team decided they needed to work with clinical leads to increase access to medicine same day emergency care, by developing appropriate pathways and infrastructure to enable delivery of an effective SDEC service for these patients.

They had a number of actions to deliver the improvements, these were to:

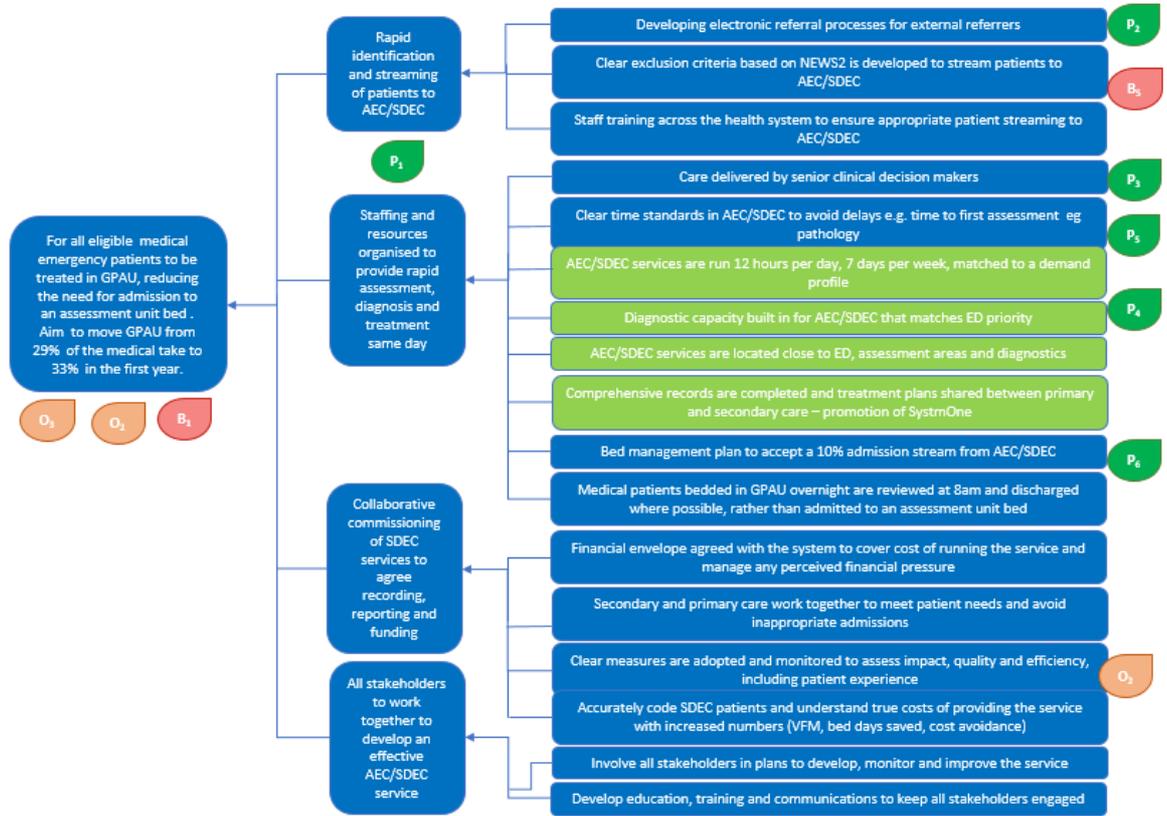
- Establish baseline services
- Identify, agree and prioritise the pathways requiring improvement in 2020/21, developing service improvement plans to implement change
- Impact assess any related service changes being proposed to ensure any change does not impact negatively on the system wide work programme
- National participation as an Emergency Care Data Set ("ECDS") Type 5 Exemplar Site
- Implement recommendations of National Ambulatory Emergency Care Accelerator Programme

The team participated in 3 workshops provided by the programme using them to align ideas and inform each other of processes and impacts. The data analysis and casefile review feedback, gave them a firm footing to move forward from a clear baseline.

The challenges the team may face were considered from the outset, these were felt to be tariff – NHSE guidance, workforce – non-traditional, consider therapy, capacity – community, collaboration and enthusiasm, use of data.

To give them direction the team developed a driver diagram and measures during the workshops.

Medicine (GPAU) AEC Driver Diagram



- P₁** % of new non-elective presentations seen and treated in AEC/SDEC
- P₂** Number of new non-elective presentations seen and treated in AEC/SDEC
- P₃** Time from arrival to being seen by senior clinical decision maker
- P₄** Time from arrival to first diagnostic test
- P₅** Total time in the AEC/SDEC unit
- P₆** % of AEC/SDEC patients that convert to an admission
- O₁** Reduction in occupied bed days for those conditions that are treated in AEC/SDEC
- O₂** % of patients reporting good or outstanding care
- O₃** Number of new non-elective presentations who convert to an admission of at least one night
- B₁** Number of unplanned re-presentations of patients who had been managed in AEC/SDEC unit within the previous 7 days
- B₂** Non-elective budget position I&E
- B₃** Number of medical outliers
- B₄** ED 4 hour performance
- B₅** % of patients with 1-2 day length of stay or those with a time in the AEC/SDEC unit of less than 2 hours

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Next Steps

To understand the process and steps they will be required to address to generate improvement, the team planned to focus on reviewing the current pathway from 2017 and implementing changes identified in the driver diagram.

For further information, please contact:

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