Royal United Hospitals Bath NHS
NHS Foundation Trust

ESAC Service Introduction

Analysis and Contracting Lessons from the RUH

The ESAC Model

- The ESAC Service was introduced to the RUH in May 2013:
- Previously a similar service existed in Derby, but there was no established model to copy, and no agreed tariff for the service.
- Initially neither the Finance nor Information team were involved in the project. Finance became involved when it became apparent there was a significant risk to income.

Issues Encountered

- The issues encountered were 2 fold:

1. Firstly ensuring that the service was cost neutral for the Trust and the commissioners
2. Secondly identifying and measuring the service improvement and efficiency gains

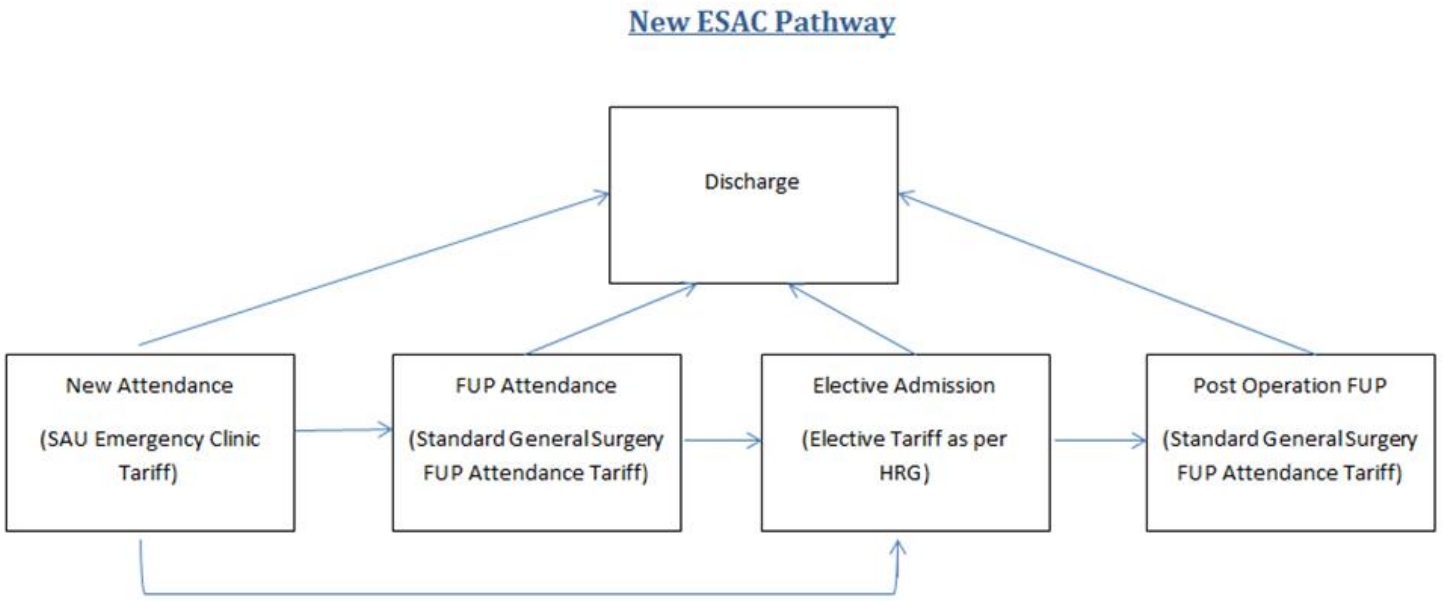
In an attempt to solve the first issue commissioners insisted on recording the new model of care as per the old method of care

The Previous Model of Care

The previous model of care:

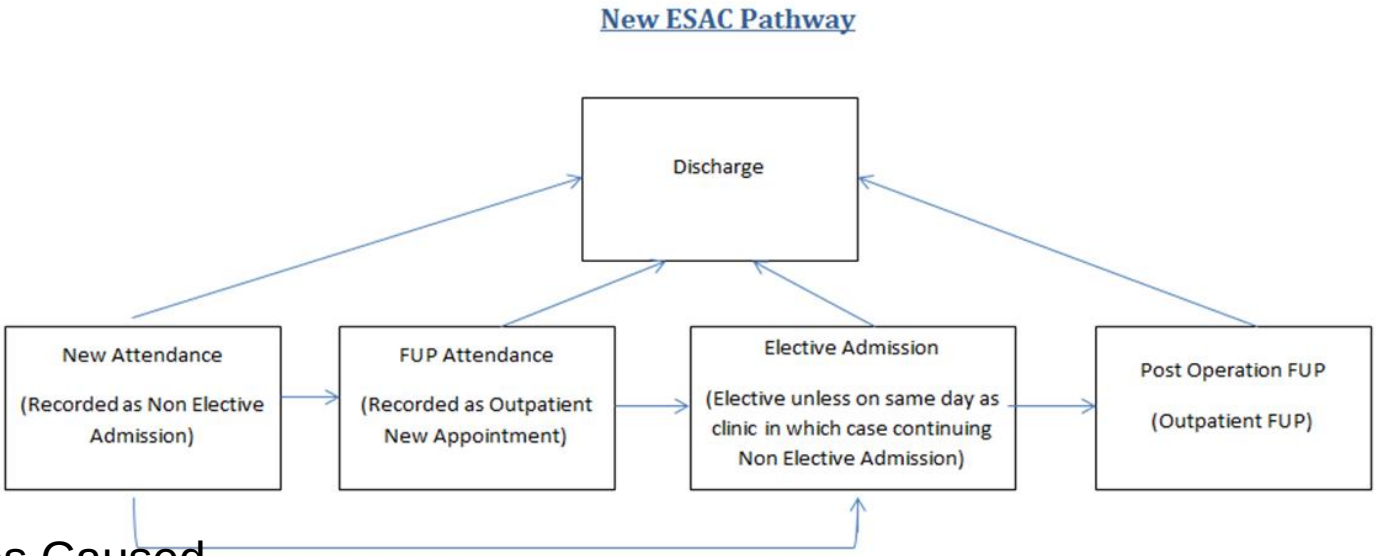
- A patient was admitted non electively into a bed in the Surgical Assessment Unit.
- They would then have diagnostics over a period of days.
- If requiring a theatre procedure, as a relatively low risk patient, they were at greater risk of having an operation postponed with other cases having clinical priority extending their pre op LOS.
- Evidence suggested this also led to longer recovery times.
- This stay was recorded as 1 Non Elective Admission

The New Model Of Care



This was how it was agreed that the New ESAC Pathway would be recorded

The New Model of Care - Agreed Recording



Issues Caused

1. Confusion within the admin resource. Coding were not able to code Non-Elective admissions which should be outpatients. Patients were left uncoded so no income charged
2. We were unable to track ESAC patients centrally..
3. Income was different to the previous model, and it was impossible to measure improvements. Overall it was the worst of both worlds.

Data Collection

- The only useable data initially came from the manual spreadsheets collected by the Surgeon running the department.
- Even understanding what the baseline was proved difficult – Who were the patients that were going through the new pathway. How much of their pathway was affected. (ED attendance, Admission, FUP's)
- General Surgery overall data was looked at to demonstrate overall changes to Pre-op, Post Op and Total Length of Stay, and number of attendances. The results were not what was expected. All of these measures went up.

Recommendations

- Record outpatient appointments as outpatients. Do not try and manipulate the recording
- Speak to commissioners early. Agree to share risk with a cap if that is a concern on either side.
- Agree a tariff for the initial assessment appointment before introducing the service.
- Ensure patients are easily tracked through the model. Make it easy to identify conversion rates, and contacts before discharge.
- Be very clear what is part of the service and what isn't
- Think through the KPI's. Make sure they are valid and can be tracked for the service
- Have a Clinician explain the service to commissioners and answer their questions
- Train the admin support and ensure they understand what they are doing before the service starts

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Example of Finance Model

			Monthly		Annual			
(a)	Number of patients who meet the criteria for ESAC		nnn		nnn			
(b)	Number of Patients seen but admitted Non Electively		nnn		nnn			
(c)	Total		nnn		nnn			
			Monthly		Annual			1.080476
	Old Model of Care:	Tariff	Activity	Income	Activity	Income		With MFF
	33% (c) attend A&E first, remainder are direct referrals	£££	nnn	£££	nnn	£££		£££
	All result in NEL activity at average tariff:							
	"More serious"	£££	nnn	£££	nnn	£££		£££
	"Less serious"	£££	nnn	£££	nnn	£££		£££
	Total income under Old Model			£££		£££		£££
			Monthly		Annual			1.080476
	New model of Care:	Tariff	Activity	Income	Activity	Income		With MFF
	5% (c) Attend A&E first, remainder are direct referrals	£££	nnn	£££	nnn	£££		£££
	94% (c) attend ESAC clinic as a First Appointment	£££	nnn	£££	nnn	£££		£££
	11% (a) attend ESAC clinic as a Follow Up Appointment	£££	nnn	£££	nnn	£££		£££
	28.8% (a) Referred from clinic for Elective procedures	£££	nnn	£££	nnn	£££		£££
	(c) are deemed emergency so become NEL admission	£££	nnn	£££	nnn	£££		£££
	Total income under New Model			£££		£££		£££
	INDICATIVE INCOME IMPACT			£££		£££		£££

A model was created when the service was live. This attempted to compare the income between the new pathway and the old pathway.
The aim was to agree a tariff for the initial ESAC appointment which split the benefit between the CCG and the Trust