NHS
Ambulatory Emergency Care Network

Ambulatory Emergency Care

Croydon case study

Provided by
Ben Rosling Programme Director – Emergency Care
7th July 2017

Croydon Health Services NHS
NHS Trust

TACKLING THE TARIFF HEADACHE!!

THE CROYDON WAY……

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A bit about us….

- 500 Beds
- 27,000 Elective cases per annum
- 41,000 Emergency admissions
- 350,000 OP appointments
- 120,000 A&E attendances
- ~ 330 per day

A bit about me ….

- Programme Director for Emergency Care
- Trained as a Radiographer 18 years ago
- Counter Fraud Specialist
- Patient flow and Emergency Care for past 11 years

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THE HISTORY

- Ambulatory Care provision since 2012
- No distinct tariff in place
- 3 or 4 differing tariffs being charged despite the care provided
- Ongoing argument about BPT being delivered
- Process or Pathway (open or self limiting)
- How much does it cost us?

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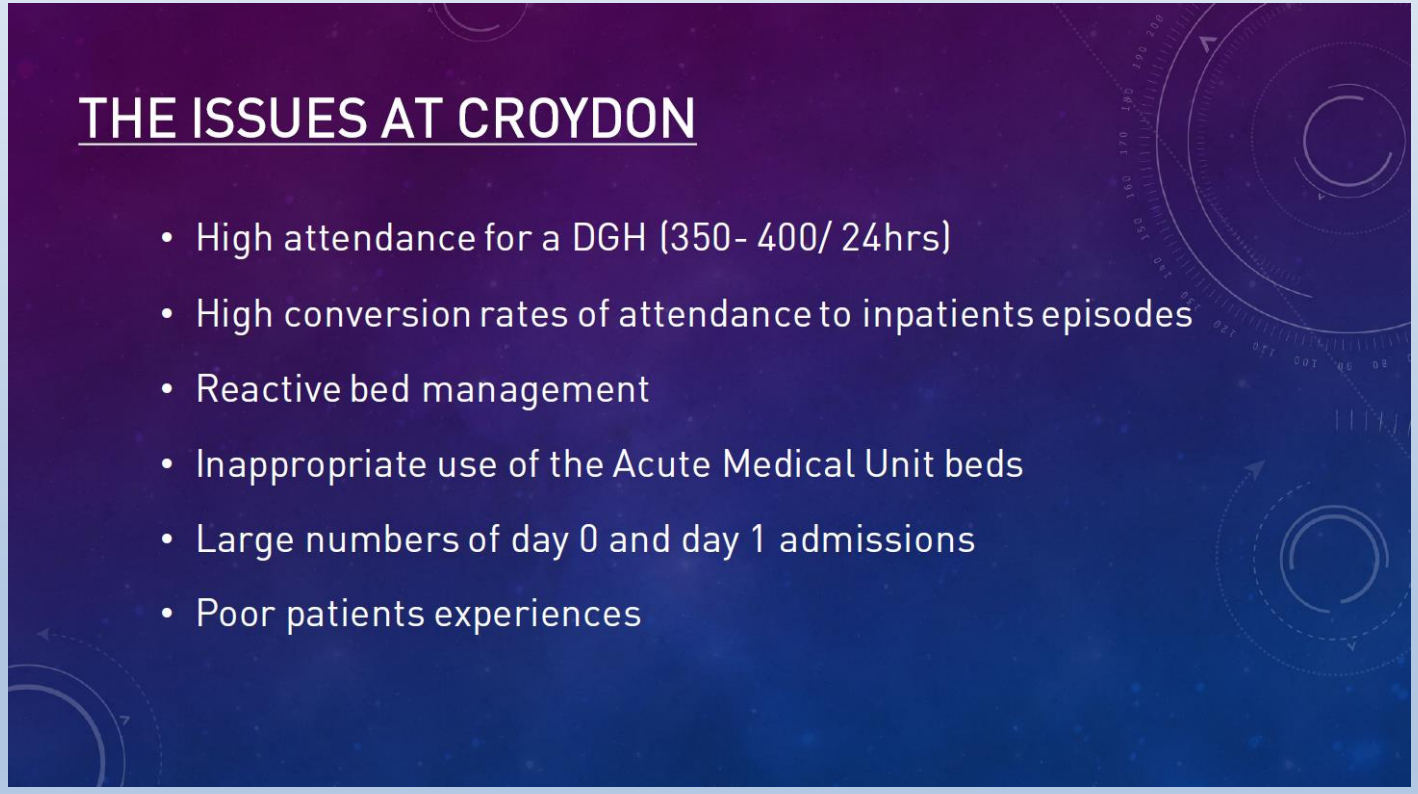
THE SERVICE DEVELOPMENT HISTORY …



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THE PROBLEM

- Data collection (CERNER)
- Proving cost
- Demonstrating true activity
- Weighting man hours spent
- Pathway vs Process
- Service already being delivered

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WHAT WE DID (INITIALLY…)

- Looked at the data one way
- Looked at the data another way
- Presented the data
- Challenged the data
- Lost organisational memory!!
- Looked at the data again
- Costed the care again!!!!
- Lost the will to live!!

THEN WE OPENED THE EDGECOMBE UNIT 2015/16

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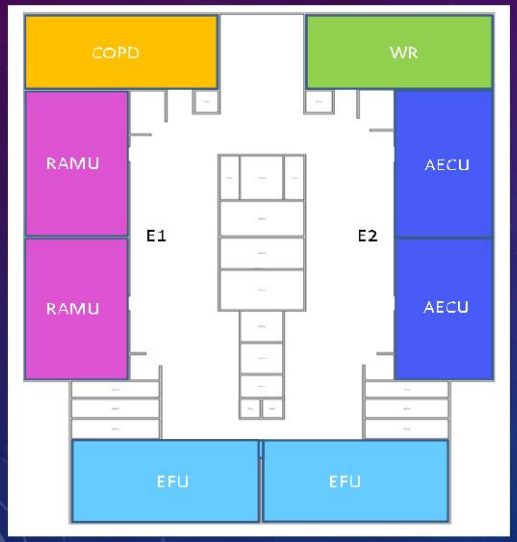
THE EDGECOMBE UNIT

- Rapid Assessment Medical Unit (RAMU)
- Ambulatory Emergency Care Unit (AECU)
- ACE Clinic
- Acute Care of Elderly Unit
- Rapid Response Services
- COPD hot clinic

THE EDGECOMBE UNIT



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WHAT THE EDGECOMBE UNIT HAS ACHIEVED?

- It manages roughly 2000 patients pcm
- It has reduced our emergency admissions by ~20%
- We only have 1 escalation ward open
- Improved and appropriate provision of clinical care provided
- **BUT** – created A New Headache!!
  - 2 new required tariffs
  - Still no agreement on the tariffs for the existing services:
    - AECU
    - ACE

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ANALYSIS FOR TARIFF

- We look at the entire NEL Medical pathway
- We cost total care provided by service and through the unit
- We analysed pre and post Edgecombe data (income and activity)
- We predict income and activity to year end
- We predict income and activity for the new financial year
- We do not include growth (for now)
- We do not look at ED (for now)
- **BUT** we do look at everything else with the NEL pathway

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PROPOSED –SIMPLE TARIFF

- Two levels – includes all follow-up “AEC spell”
  - AEC £248
  - RAMU £388
- Patients receive ED tariff if attend ED
- Admitted patients from AEC / RAMU receive admitted national tariff but not AEC or RAMU tariff

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NEEDED

- Agree activity – system to capture this that ties activity to income
- Accept that BPT not achievable with the budget constraints that we face
- Shared agreement that “simple is best”

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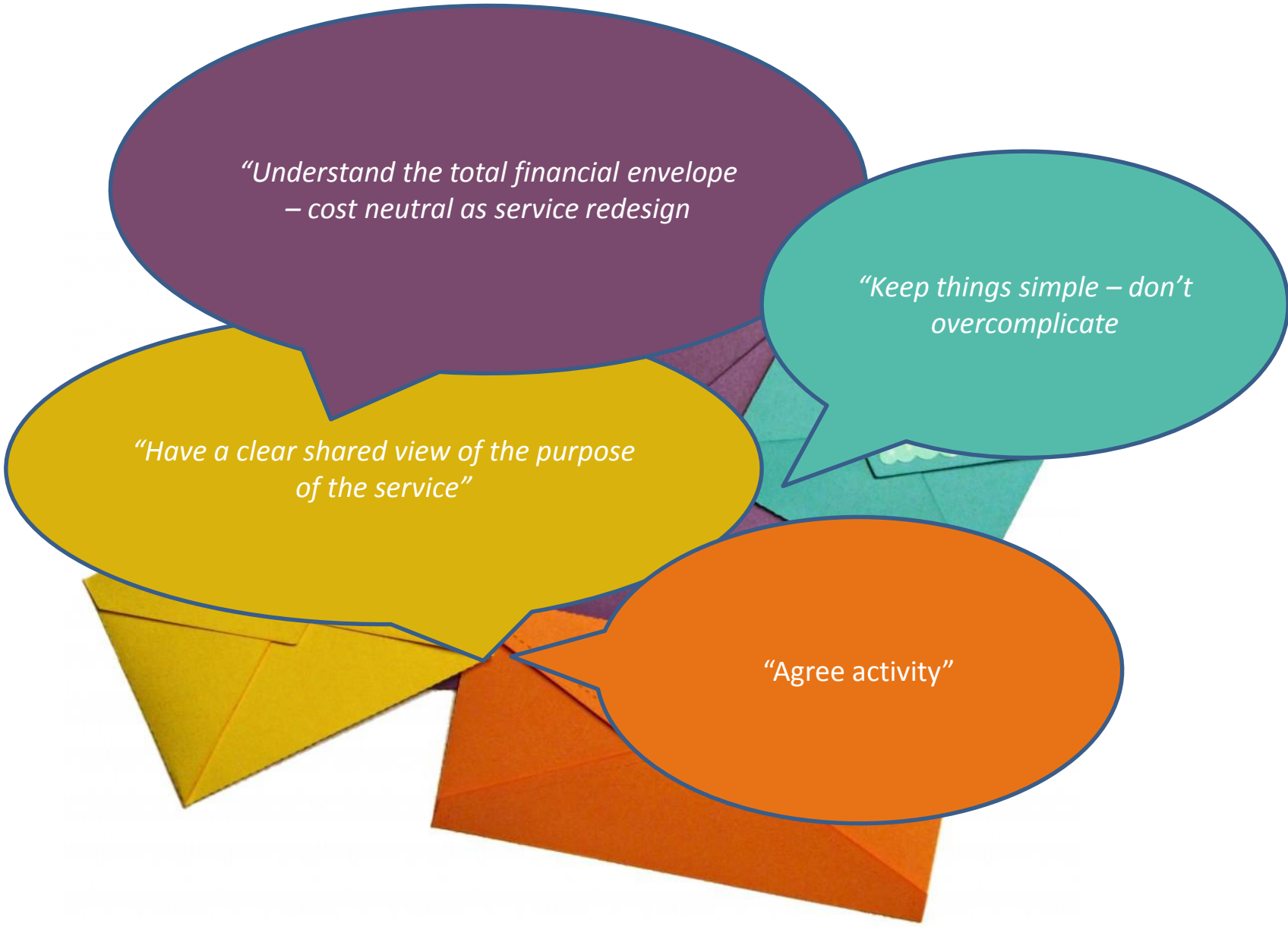
THE ENVELOPE PRINCIPLE!!

- No new patients and no significant increase in activity
- Same patients just managed differently
- Justifies argument to achieve cost neutral position (both parties)
- Therefore we look at the entire income ***"ENVELOPE"*** from previous year ***(At the end of the day there is no additional money!!)***,

- **SO:**
  - Take overall costs to the Trust into account (to provide services)
  - Compare cost vs activity vs income received
  - Cost neutral position required made clear
  - Tariffs can then be defined
  - Growth now a key driver to move services forward = benefit!


"Understand the total financial envelope – cost neutral as service redesign
"Keep things simple – don't overcomplicate
"Have a clear shared view of the purpose of the service"
"Agree activity"

Questions?....

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