

Strategic Vision

Mark England

Deputy National Director of Emergency and Elective Care
NHS England and NHS Improvement

SDEC Workshop

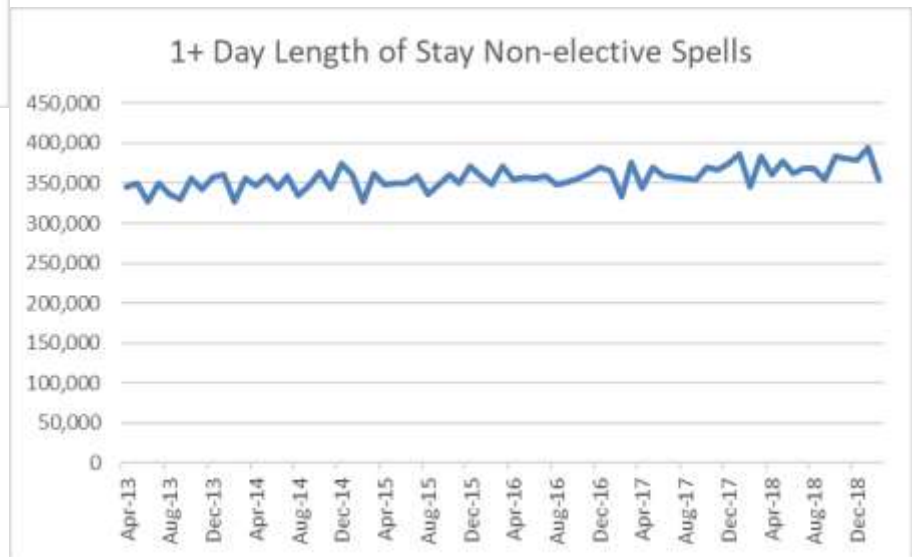
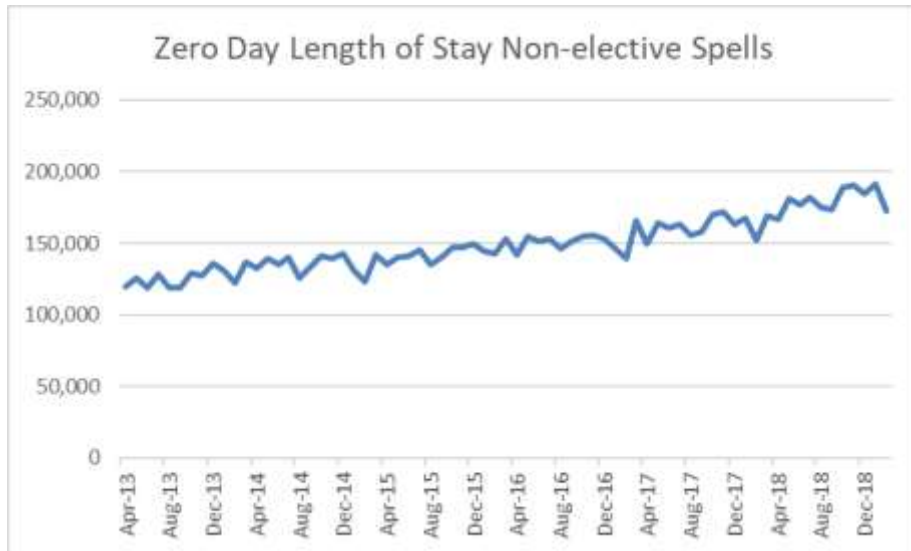
April 2019

Mark England – Deputy National Director of Emergency and Elective Care NHSI/E

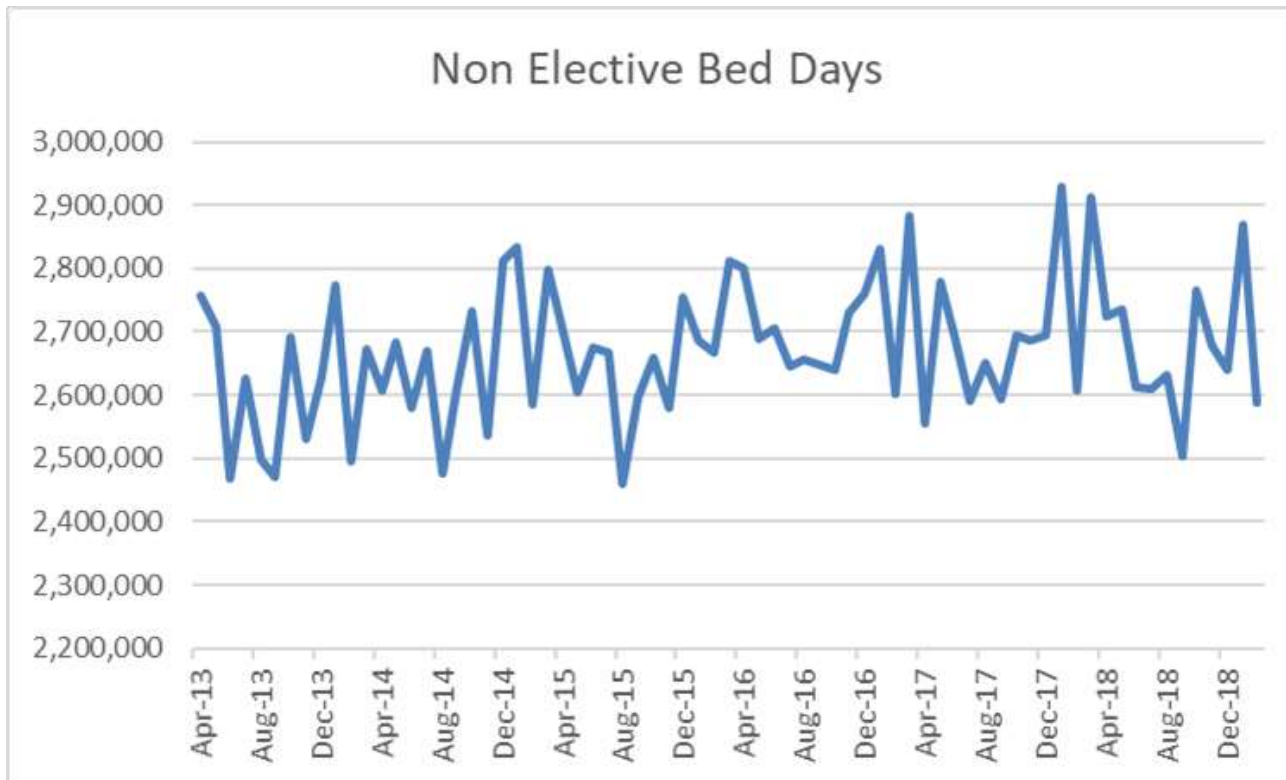
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Non-elective spells at M11



Bed Days at M11



The National Context SDEC (1)



We are responsible for reforming hospitals emergency care delivering a step-change in Same Day Emergency Care this year

1. By September 2019 every Type 1 ED Provider will operate a comprehensive model of Same Day Emergency Care (SDEC) - 12/7
2. By December 2019 every Type 1 ED Provider will establish an Acute Frailty Service (AFS).
3. During 2020 all Type 1 ED Providers will embed the Same Day Emergency Care Data Set (SDECDS) into all SDEC services. Providing a platform to record activity, develop counting, coding enabling development of a national tariff.



**NHS Operational
Planning and
Contracting Guidance
2019/20**

National SDEC CQUINs published for 2019/20

- pulmonary embolus
- community acquired pneumonia
- atrial fibrillation with tachycardia

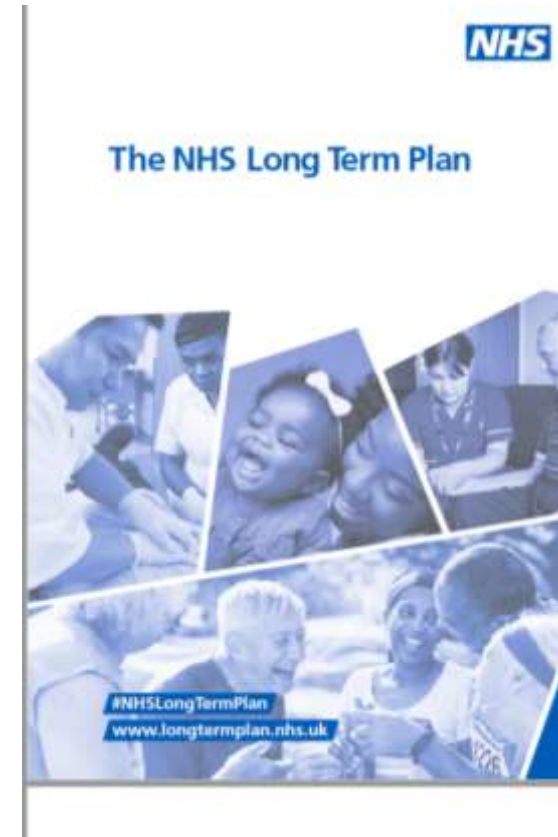
The National Context SDEC (2)



We are responsible for reforming hospitals emergency care delivering a step-change in Same Day Emergency Care over the three years

“For those that do need hospital care, emergency ‘admissions’ are increasingly being treated through ‘same day emergency care’ without need for an overnight stay. This model will be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on day of attendance from a fifth to a third [by 2023]. “

“we commit to increase investment in primary medical and community health services as a share of the total national NHS revenue spend across the five years from 2019/20 to 2023/24. This means spending on these services will be at least £4.5 billion higher in five year’s time.” [What opportunities for SDEC?]



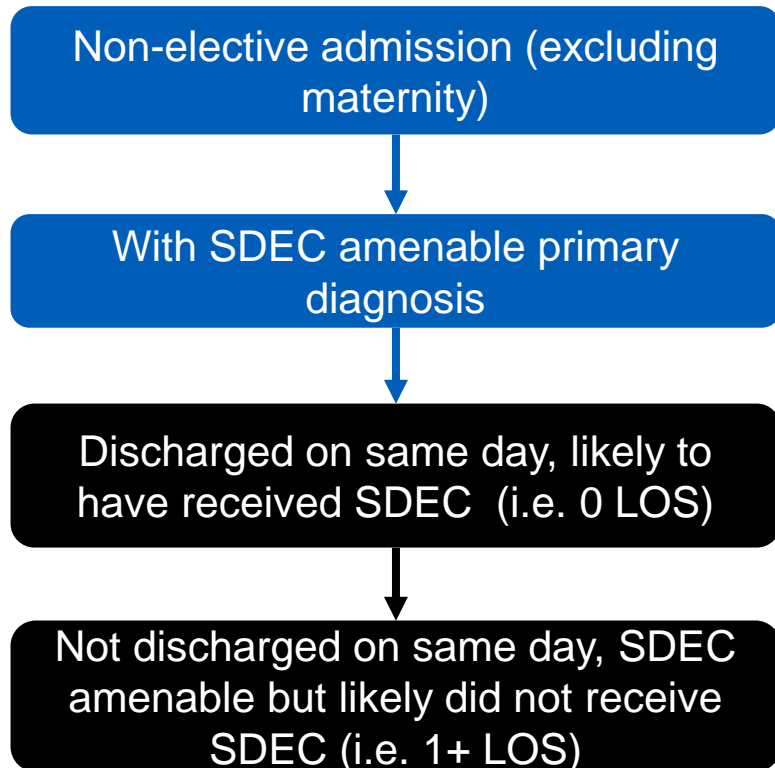
SDEC – Patient Level Information Cost System (PLICS) Analysis

April 2019

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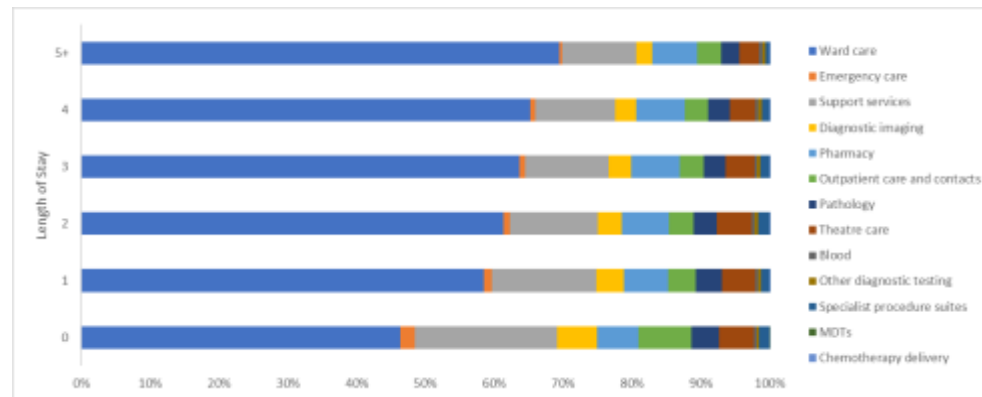
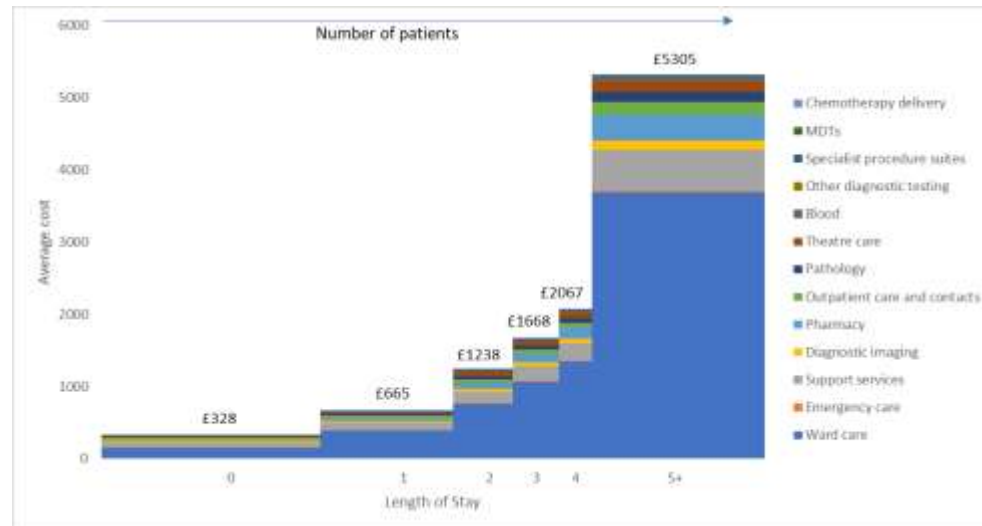
The approach used to identify SDEC amenable patients



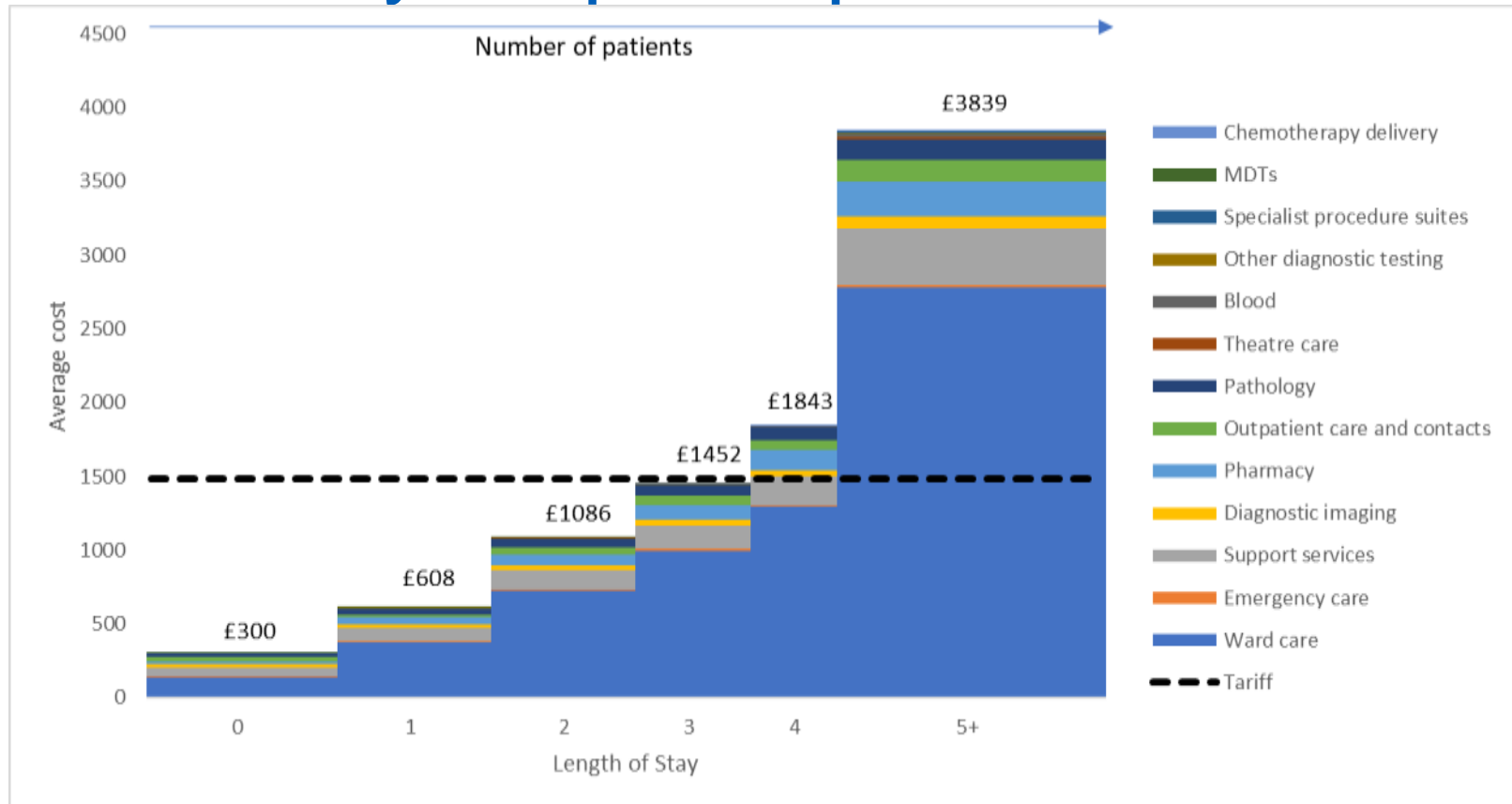
- We identify SDEC and potential SDEC spells in 2017/18 PLICS data. This covers 69 acute trusts.
- This approach was applied as a way to analyse historic data and thus applies contemporaneous information on diagnoses amenable to SDEC treatment from the Directory of Ambulatory Emergency Care for Adults (version 6).
- Thus, while similar, the identification method does not reflect developments by the SDEC Data Group to reach a definition for future coding of SDEC.
- This includes all non elective routes to SDEC treatment.

There are large differences in cost per patient as length of stay increases

- Cost per patient increases as length of stay increases (top).
- Support services make up a larger proportion of costs as LoS decreases and ward care makes up a larger proportion of costs as LoS increases (bottom).
- Costs are MFF-adjusted.
- This top right analysis is reproduced for the top three largest conditions by their largest HRG on the slides which follow.
- Tariffs on the following slides are calculated using the first episode HRG, and do not adjust for the marginal rate, nor do they incorporate locally agreed arrangements. In 17/18 (the time of the data) the marginal rate reduced tariff by 30% for activity above the threshold.
- Further, the tariff is applied to all emergency admissions without excluding 30-day readmissions.

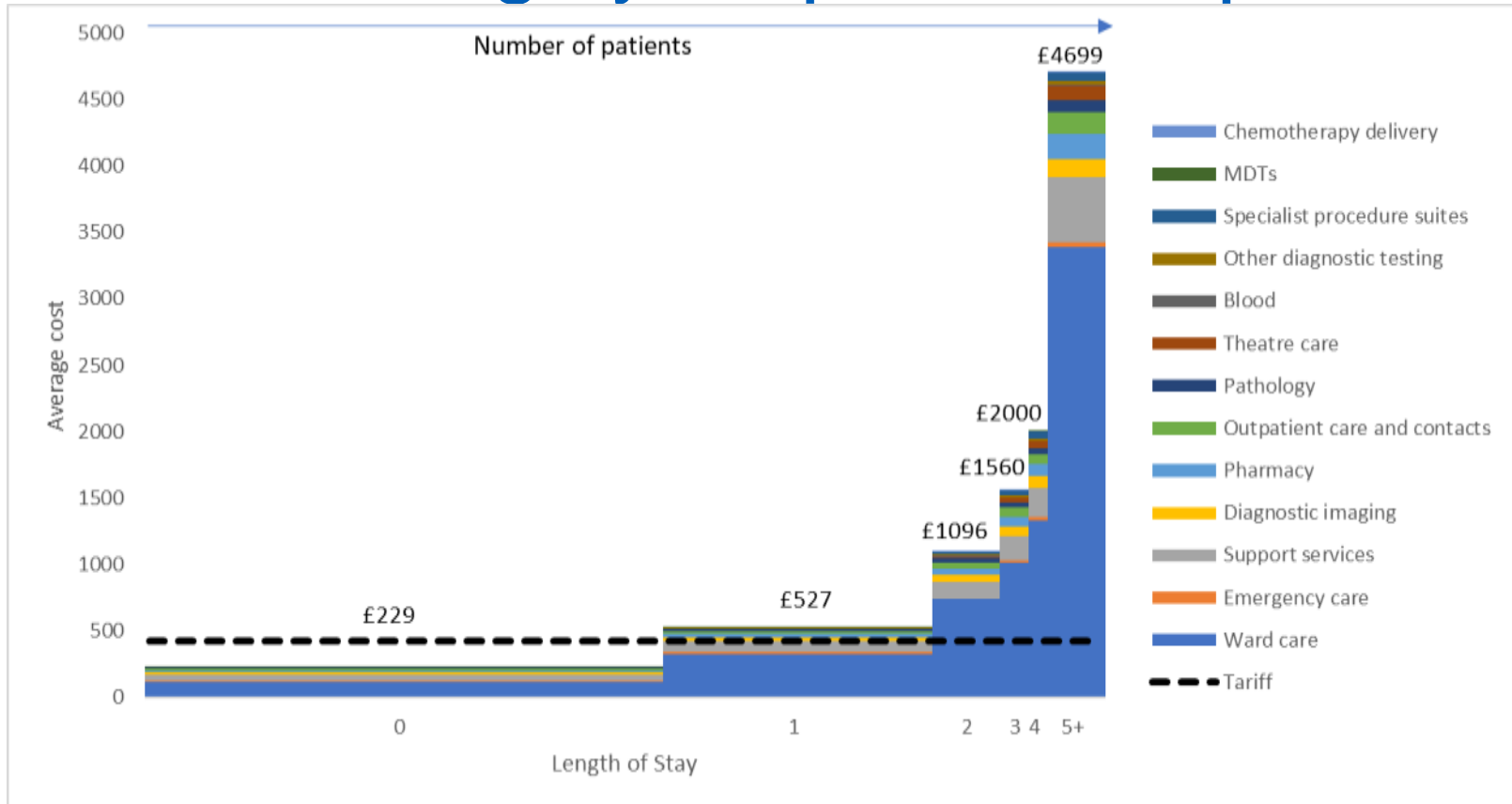


Community-acquired pneumonia



HRG: Lobar, Atypical or Viral Pneumonia, without Interventions, with CC Score 0-3 (DZ11V)

Falls including syncope or collapse



HRG: Syncope or Collapse, with CC Score 0-3 (EB08E)

Cost reductions from additional SDEC amenable patients treated same day

The average trust* in the PLICS dataset had 99 NEL admissions per day in FY2017/18, of which 35 were SDEC amenable. Of these 35 SDEC amenable admissions, seven had a 0 day LOS and an average cost of admission half of that of the eleven who had a 1 day LOS. Shifting more admissions to same day would thus reduced total costs for the trust.

Table 1: Estimated cost reductions per trust* based on 5 scenarios of treating increased volumes of 1+ day LOS SDEC amenable admissions same day

5 Scenarios:	No. of 1+ LOS admissions shifted to 0 LOS		Estimated cost reductions	
	Per year	Per day	Per admission	Per year
A: Increase to AEC Network minimum estimate per condition ^	2,440	7	£715	£1.7m
B: Increase to AEC Network mid point estimate per condition ^	4,154	11	£939	£3.9m
C: Increase to AEC Network maximum estimate per condition ^	6,178	17	£1,333	£8.2m
D: Shift all 1 day LOS admissions to 0 day LOS	3,562	10	£363	£1.3m
E: Shift all SDEC amenable admissions to 0 day LOS	11,924	33	£2,596	£31m

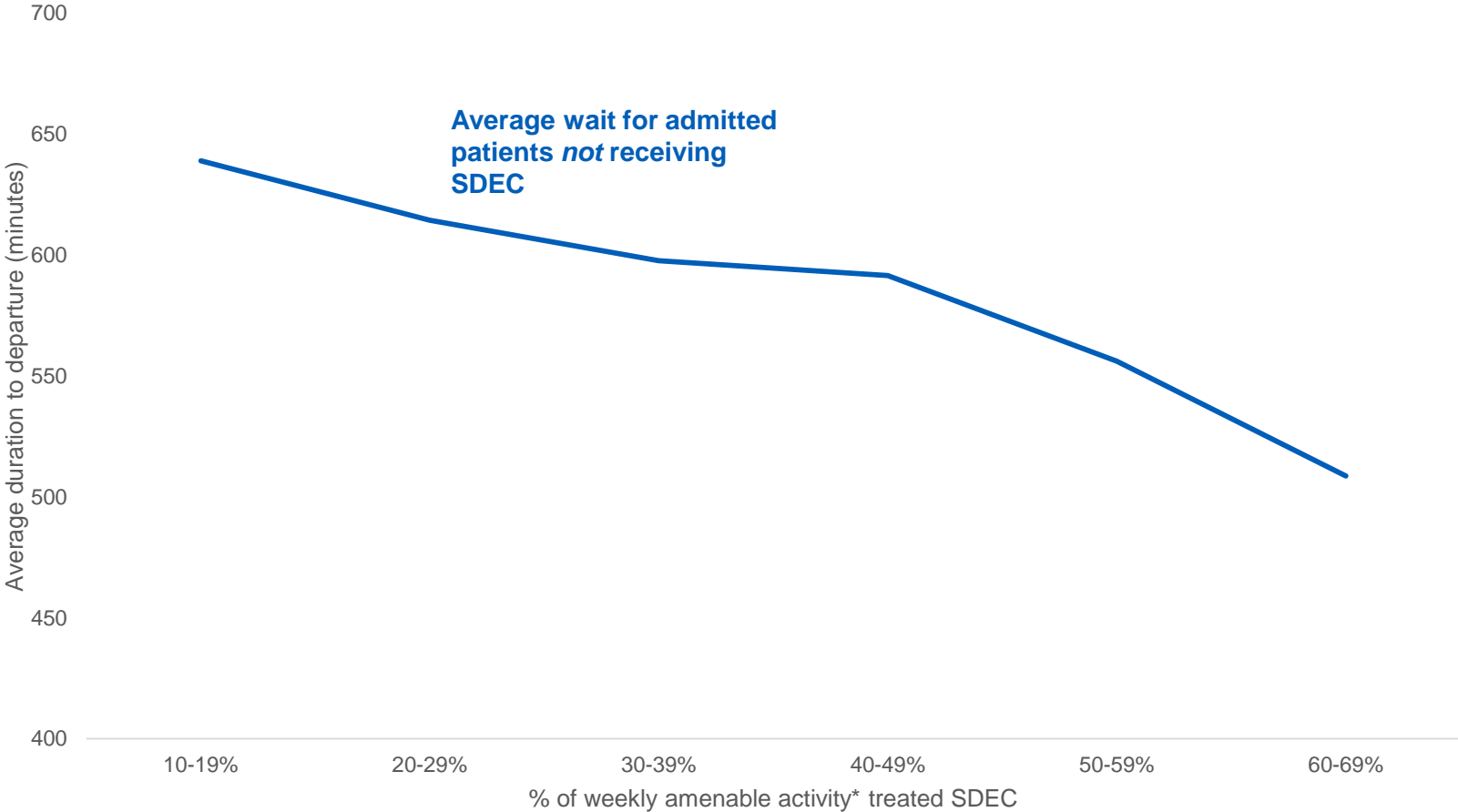
* The average trust is based on the 69 trusts in the PLICS dataset with substantial NEL activity in FY2017/18.

^ The method applied to these scenarios was to shift the lowest LOS patients to 0 day LOS necessary to meet the AEC Network threshold.

Knock-on effect of SDEC for patients admitted from Type 1 A&E



This graph illustrates how increasing SDEC activity affects average time spent in A&E for admitted non-SDEC patients.



*Patients with an amenable condition, arriving during core AEC unit operating hours