



Shaping a  
healthier  
future

## **A&E reconfiguration benefits realisation**

July 2015



- **Objectives and timescales**
- **Clinical quality**
- **Patient experience**
- **System-wide access to urgent care**
- **Staff**
- **Conclusion**



# The DMBC set clear benefits for A&E reconfiguration, focusing on clinical quality and patient experience

## Clinical quality

- A minimum of 16hrs per day emergency medicine consultant presence in the ED.
- Reduced admission and re-admission rates
- Reduced number of serious incidents

## Patient experience

- Improved patient experience of ED care.
- Improved compliance with 4hr target.

## System-wide access to urgent care

- 24/7 access to improved UCC services
- Improved evening and weekend access to General Practice
- GP appointment within 24hrs
- Reduced A&E attendance/ re-attendance

## Staff

- Improved training for junior staff
- Greater exposure to complex cases for junior staff
- Improved staff morale



# Good progress has been made, however, the changes are the first step in a more ambitious improvement plan

## Benefits realisation for A&E configuration operates on three distinct timescales:

1. **Immediate:** Implementation of the changes is achieved safely, with no negative impact on the quality of care received by A&E patients. *This has been achieved successfully.*
2. **Short-term:** Rapidly achieved improvements to the quality of A&E provision brought about by consolidation at fewer sites (e.g. increases in the level of consultant cover reducing the number of incidents and emergency admissions). *We are on-track to deliver these improvements in-year.*
3. **Long-term:** A&E reconfiguration as an enabler for long-term system improvement (e.g. improved access to primary care and community-based integrated care for patients with LTCs). *We are only one year into this programme and have already delivered significant improvements to out of hospital care*



# Trusts identified significant safety risks at the Hammersmith and Central Middlesex Hospital A&Es

## **London North West Hospitals Trust**

- Central Middlesex Hospital running at a very high vacancy rate (60% vacancy rate for nursing and medical staff rising to 85% at weekends)
- High attrition rate of medical trainees and high rate of locum usage at Central Middlesex Hospital, resulting in a lack of continuity of care
- High rate of locum usage at Northwick Park Hospital (43%)

## **Imperial College NHS Healthcare Trust**

- Hammersmith EU was not staffed by A&E consultants – the doctors in charge of the front door were acute physicians
- High rate of locum cover (up to 60% of rota)
- Increasing difficulty in covering the out of hours shifts with appropriate locums (with acute medicine SpR having to cover some of overnight shifts)
- Increased pressure following overnight closure of Central Middlesex Hospital A&E overnight

Consequently it was agreed that the clinical risk would be reduced by redeploying permanent staff to wider Trust establishments

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# The number of A&E clinical staff has increased across the sector and training has improved

- As a result of reconfiguration, the number of A&E clinical staff has increased across the sector.
- Consolidating these staff at fewer sites will enable the sector to improve levels of consultant cover to comply with LQS standards. This will increase the quality of care received by patients.
- In addition to increasing the number of staff, existing staff (including UCC staff) have also been upskilled as a result of the changes:
  - Comprehensive local inductions and training needs assessments.
  - Greater exposure to complex cases for trainees (as a result of service consolidation)
  - Training for nursing staff taking on new roles



# The number of A&E clinical staff has increased across the sector and training has improved

## Case study: Northwick Park Hospital A&E



**13.5 ED consultants** compared with 8.15 in July 2014



**116 ED nurses** compared with 94 in July 2014



**40 ED junior and middle grade doctors** compared with 25 in July 2014



**Weekdays:** 3 ED consultants 8am-10pm; 1 ED consultant 10pm – 12pm



**Weekends:** Consultant cover 8am-12pm (compared with 9am-5pm cover in July)



Northwick Park is now delivering the minimum of 16 hrs of A&E consultant cover, 7 days a week

## Case study: Imperial



**14 ED consultants** at St. Mary's compared with 8 in July 2014



**Additional 6 WTE nurses** at St. Mary's and **4 WTE nurses at CXH** since September 2014



Additional consultants at St. Mary's provides cover until 00.00 on 4 days per week (and dedicated cover in paed's ED until 20.00 on 4 days per week)



Additional CT3 trust doctor attached to acute medical team on both SMH and CXH sites, and Additional GP overnight in UCC at SMH



St. Mary's is now delivering the minimum of 16 hrs of A&E consultant cover, 7 days a week

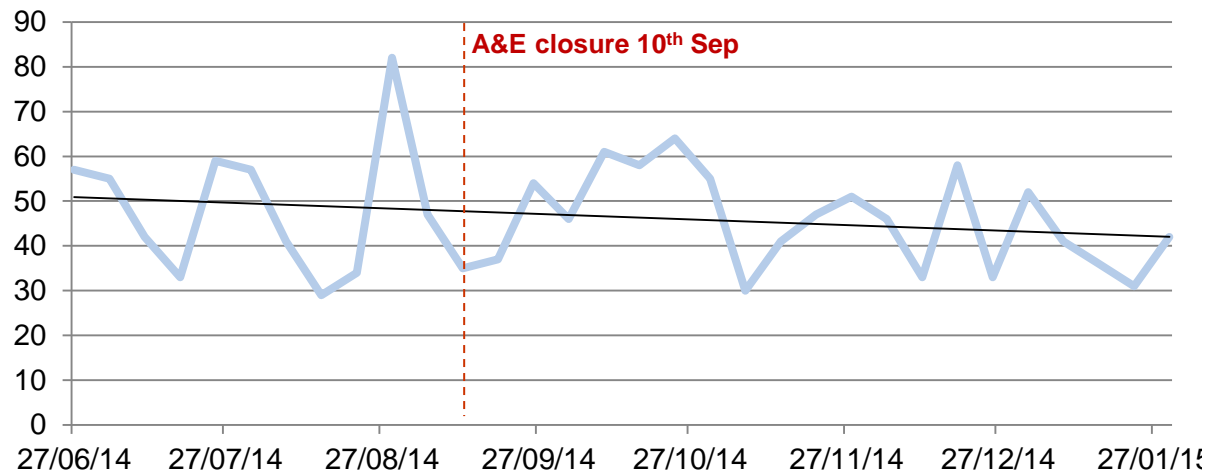




# A&E closures have not interrupted NWL's steady reduction in A&E incidents

- A&E incidents are decreasing steadily across NWL.
- The A&E closures have not interrupted this pattern – A&E incidents continue to decline gradually.
- The consolidation of activity at fewer sites will provide the sector with a platform to improve performance further. In line with LQS guidance, higher levels of consultant cover at fewer sites will drive continued reduction in the number of incidents.

Graph showing reduction in A&E incidents across NWL

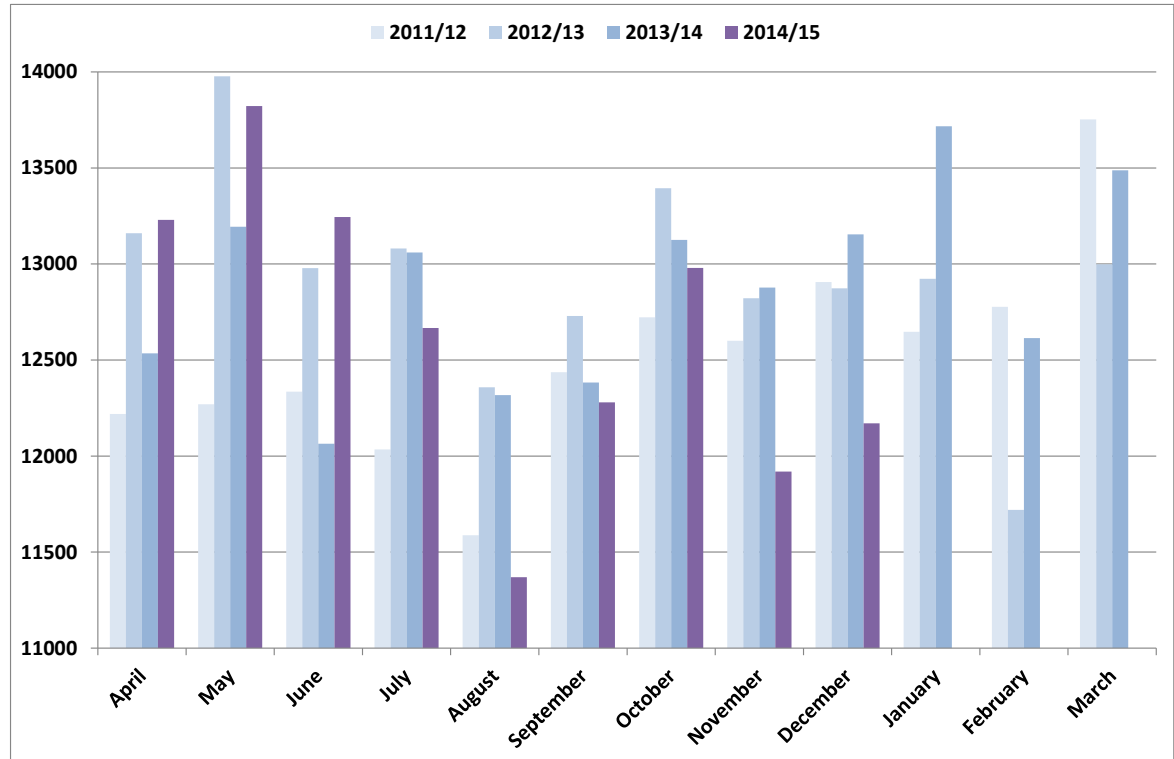


An 'incident' defined by the NPSA as *'any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care'*

# Since August 2014 emergency admissions have fallen relative to equivalent months from the last 3 years

Graph to show monthly emergency admissions (2011/12 – present)

- Since August 2014, emergency admissions have fallen relative to equivalent months for the last 3 years – this pattern has not been disrupted by the A&E closures.
- The consolidation of activity at fewer sites will provide the sector with a platform to improve performance further. In line with LQS guidance, higher levels of consultant cover at fewer sites will drive continued reduction in the number of emergency admissions.



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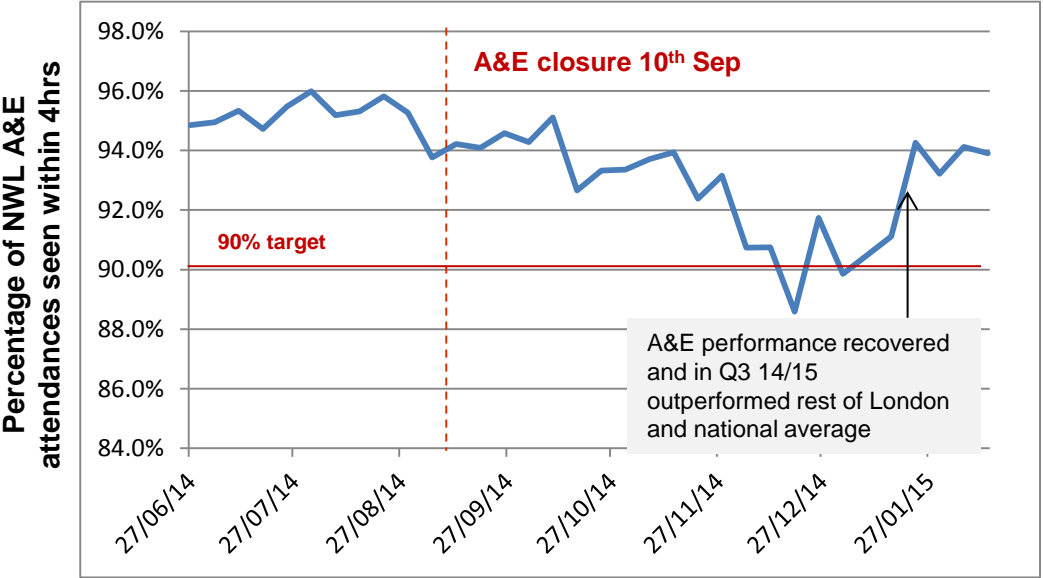


# NWL A&Es are successfully treating more patients within 4 hours than ever before and despite a challenging winter NWL A&E performance remained above both the London and national average

Total patients seen with 4 hours in the North West London area		
Q4 2009/10 (standard was 98%)	Q3 2013/14	Q3 2014/15
253,361	297,375	304,319

- Performance nationally dipped over winter but across Q3 the North West London sector was the highest performing in London – at 92.87% - for all type A&E performance and was above both the London and the national average performance for the quarter.

NWL A&E (all types) performance against 4hr target (Jun 14 – Feb 15)

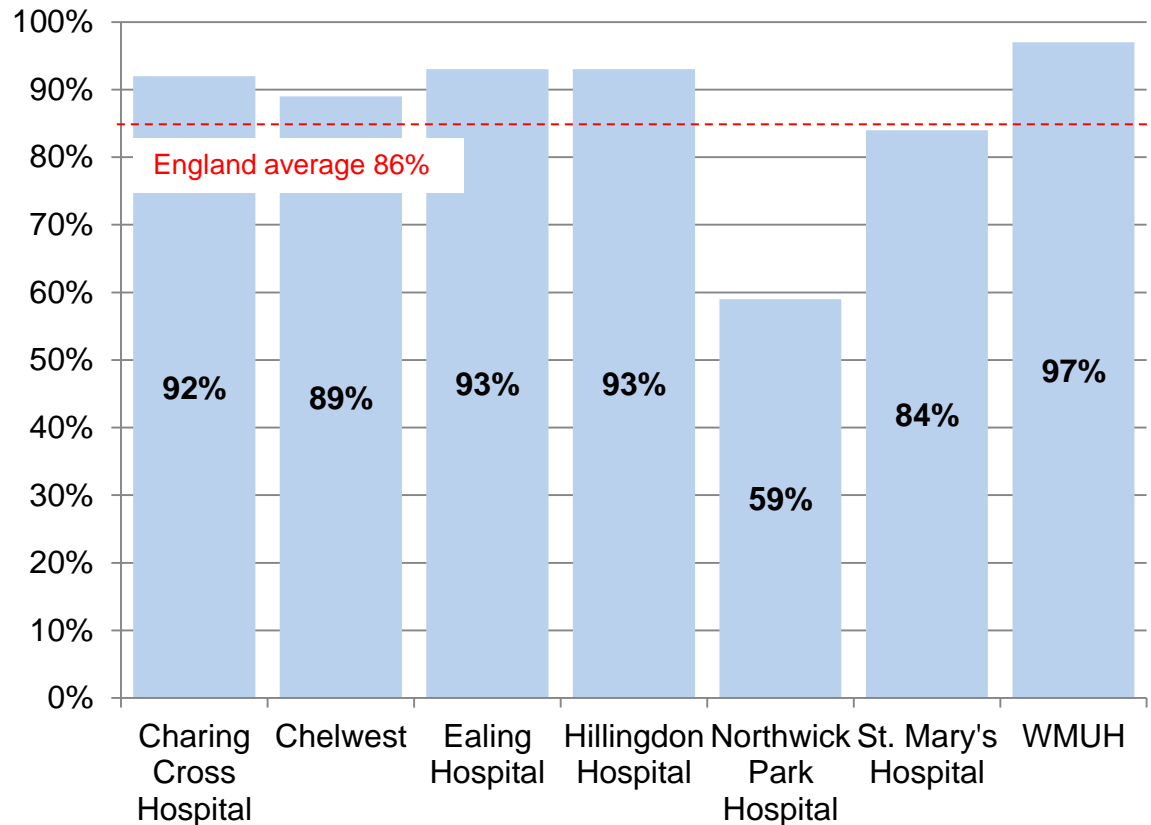


Sector / Region	Q3 2014/15 All type A&E performance
North West London area	92.87%
North East London area	92.01%
South London area	92.27%
London	92.34%
England	92.56%

# Friends & Family Test data show high levels of satisfaction with A&Es in NWL

- Despite the unprecedented pressure on A&E services in November and December 2014, patient satisfaction remains high (and in some cases significantly higher than the national average).
- Northwick Park Hospital A&E experienced well documented challenges during winter, however, the opening of the new A&E department has ameliorated these and we fully expect to see a significant improvement in FFT scores when the January 2015 results are released.

Graph showing proportion of patients who would recommend A&E service to friends and family (Dec 2014)

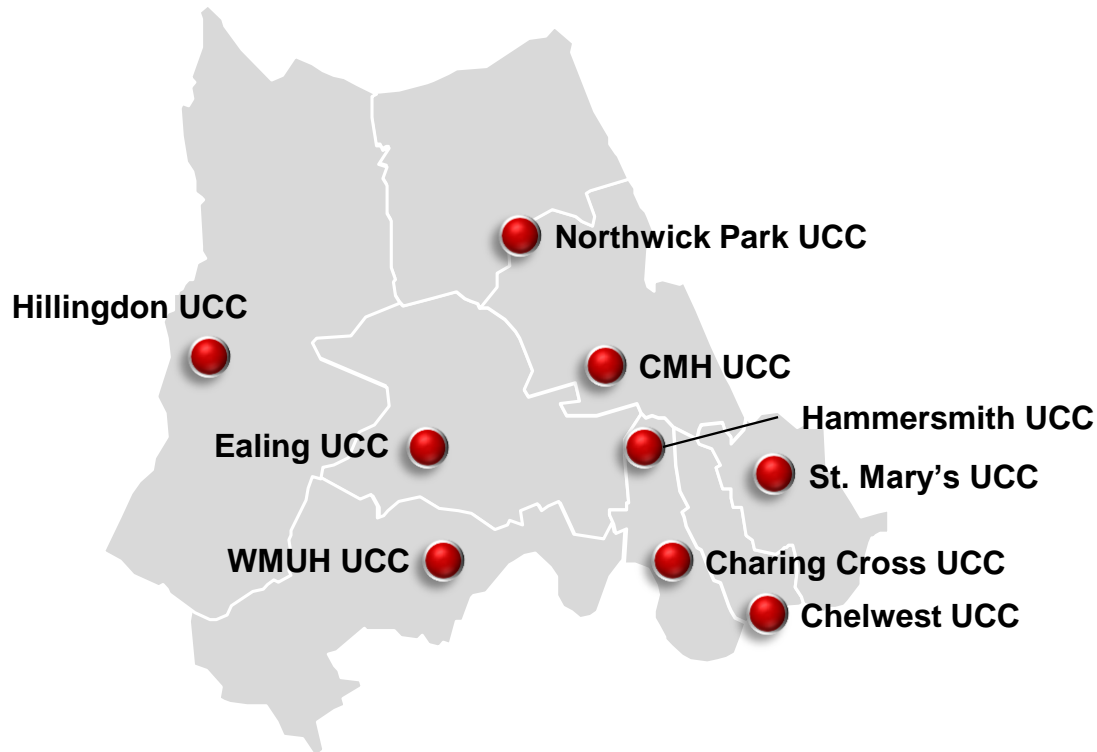


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# Significant improvements have been made to NWL's Urgent Care Centres. All nine now operate 24/7.

Map showing UCCs in NWL

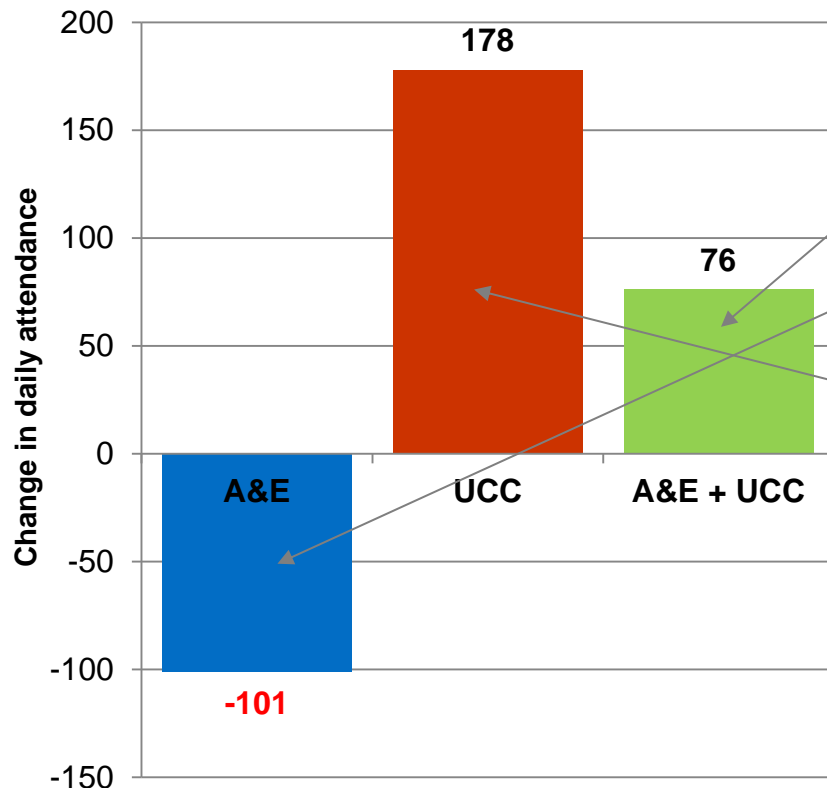


- SaHF developed a new 'enhanced' UCC service specification, enabling UCCs to manage minor injuries (including fractures) in addition to minor illness. This specification is being replicated nationwide.
- All UCCs in North West London are now operating 24/7
- The new specification has been rolled out across 5 UCCs in NWL, and will be extended to cover all 9 in the near future.
- Expanded UCC provision is enabling patients to access urgent primary care as near to their home as possible. The services are proving popular with patients and are a key element of our approach for reducing pressure on A&E
- Almost all (97%+) UCC patients are seen within the 4 hour waiting time target.



# Successful UCC re-specification has allowed NWL to reduce pressure on A&E despite increasing demand

Graph showing change in the average daily attendances at A&E (type I) and UCC (type III) across NWL between 2013 and 2014 (for period between 11th Sep and 16th Nov)



- We compared average daily UCC/A&E attendance across NWL for a two month period after the closures (11<sup>th</sup> Sep – 16<sup>th</sup> Nov 2014), with the same period in 2013.
- We found that:

- 1 Total UCC/A&E demand has increased across the system by 76 attendances per day.
- 2 Despite increased demand, we have successfully reduced pressure on A&E services. A&E activity has fallen by 101 attendances per day.
- 3 This has been achieved by a significant expansion of UCC provision (an additional 178 attendances per day), providing patients with improved access to urgent primary care and diverting inappropriate activity away from A&E. The re-specification of Hillingdon UCC in particular has supported this shift (90 additional attendances per day).



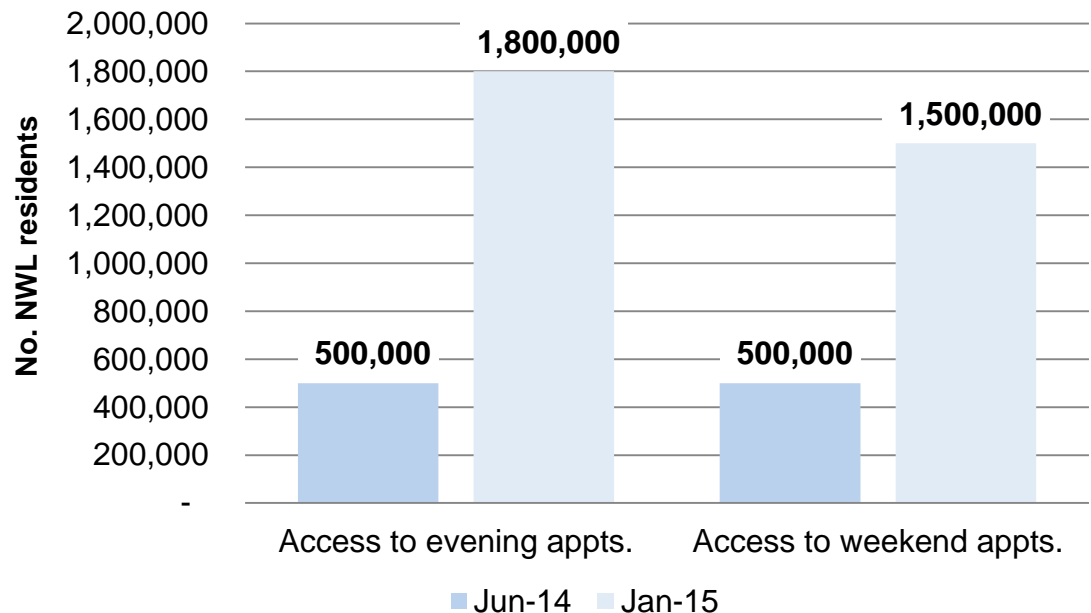


# Urgent access to primary care has increased across NWL – 1 million more residents now benefit

- A key element of SaHF has always been to move care into an out of hospital setting, enabling patients to receive treatment as close to their homes as possible.
- A&E consolidation is one element of a system-wide approach to expanding access to care.
- We know that many people use A&E as an alternative to primary care, so improving urgent access to General Practice is fundamental to our strategy.

- In parallel with A&E reconfiguration, NWL has made the following improvements in GP access:
  - **1.5m people have access to GP appointments on the weekend.**
  - **1.8m people have access to GP appointments in the evening.**
  - **80% of GP practices** offer telephone triage and consultations
  - **84% of GP practices** can ‘almost always’ provide an urgent appointment within 4hrs and a routine appointment within 48hrs.

Change in access to General Practice



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# The changes have improved the quality of experience and training available to staff

## **Staff skills and training**

- Comprehensive local inductions and training needs assessments were conducted as part of the A&E reconfiguration. Extensive training programmes for both transferring and in-situ staff were then implemented.
- The consolidation of A&E services has increased the breadth of experience available to trainees. Fewer, larger units provide trainees with greater exposure to complex cases.
- All changes to training and education are being closely monitored and evaluated by HENWL.

# UCC staff now possess a more comprehensive set of skills and capabilities than they did prior to the changes

- The enhanced UCC specification defines a more demanding set of minimum competences for UCC clinicians.
- HENWL provided funding (£500 / head) to support the additional training requirements to meet the enhanced UCC specification at Hammersmith and Central Middlesex
- Two training days were delivered by Imperial for the Hammersmith UCC GP staff to provide the mandatory training for these staff, covering:
  - General overview and sick person
  - Chest pain and palpitations
  - Shortness of breath
  - Abdominal pain – when to get imaging
  - Interpretation of ECG
  - Interpretation of CXR
  - Recognition of the sick child – what you can do in an emergency.
- Basic Life Support training was also provided to all of the Hammersmith Urgent Care Centre reception staff
- At CMH UCC additional training was rolled out to all full time GPs and nurses in\*:
  - Prompt – assisted deliveries for pregnancy
  - ECG interpretation
  - Resuscitation and emergency simulation
  - Life Support training
    - All clinicians are now ILS trained and a high proportion are ALS and APLS trained
    - All CMH UCC administration also received basic life support training

\*Note: A significant proportion of the self employed GPs at CMH UCC also enrolled on these additional training courses

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# A&E reconfiguration has been implemented safely and is on-track to deliver long-term benefits for NWL patients

- **The changes to A&E were delivered safely.** Despite the unprecedented pressures on A&E nationwide, NWL was able to implement the changes without increasing the frequency of incidents or emergency admissions.
- **The changes have allowed A&Es to increase staffing and levels of cover.** Consolidation at fewer sites has enabled Trusts to move towards LQS standards of consultant cover, improving care for patients and creating a genuinely 7 day service.
- **Staff have been upskilled.** Comprehensive training has been implemented for UCC and A&E staff. Trainees that were transferred as a result of the A&E closures are now exposed to a wider variety of complex cases.
- **The changes are part of an ambitious plan to improve care, system-wide.** Access to General Practice has been expanded significantly. 24/7 access to enhanced UCC services is now the norm.
- **We are one year in to a five year programme.** We expect the full benefits of the changes to be realised in full over the next 3-5 years as delivery of the Out of Hospital strategy is completed.