Integrated provision of
Acute & Community Service
and
Alternative Workforce Models

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South Warwickshire NHS Foundation Trust (SWFT)
Focus of presentation 1

1. Setting the scene

2. Joint workforce collaboration across disciplines / sectors

3. Alternative models for workforce deployment

4. Development and management of Integrated Multi-Disciplinary Teams (MDT)
1.

Setting the scene.........
24% increase in A&E attender’s from original 08/09 baseline!

Trend in Age profile for emergency admissions

Accounts for >40% acute admissions

*Acute Spells*

![Graph showing trend in age profile for emergency admissions with a note about accounts for >40% acute admissions.](image-url)
Vertical Integration....

- **2011: SWFT acquisition of community services**
  - Isolated from medical support
  - Attracted pts who were delayed in transfer of care
  - Extended LOS
  - Flow was not improved!

- **2011: Develop CERT team**
  - Funding gained through acute and community bed base
  - ‘Bed based model’ to ‘Mixed model of community care’
  - Difficulties in recruitment – delays in implementation

- **2012: ECIST**
  - Right sizing capacity and resource
  - Analysis of flow streams

- **2012/13: Implementation of ECIST recommendations eg:**
  - ‘Today’s work today’ / 7 day working / Ambulatory care
2.

Joint workforce collaboration across disciplines
SWFT Integrated Healthcare Team

**Hospital**
Electronic Common Assessment Tool (ECAT) ‘trusted assessment’ between disciplines/services and organisations

- Medical Nurse Practitioners
- 7 day Acute Medical Consultant cover Admission Avoidance
- 5 day Elderly Care Consultant cover Geriatric Assessment for Frail Elderly

**Primary : Secondary Interface**

- A&E – See and Treat
- Community Emergency Response Team (CERT)
- IV Antibiotic in community
- Community Single Point of Access

**Community**

- CERT / LTC
- IV Antibiotics in community
- Virtual Ward (LTC/ ESD)
- Linking to
- Re-ablement (LA Service)
- Community Hospital beds
- Discharge to Assess beds (D2A)
Discharge to Assess (D2A)

• **Pathway 1:**
  – Early Supported Discharge home with Community Emergency Response Team (CERT)
  – E-cat / Reablement with Local Authority partnership working (Trusted assessor)

• **Pathway 2:**
  – Community hospital / Intermediate Care beds

• **Pathway 3:**
  – CHC patients (D2A) beds for ongoing assessment
Outcome measures 2011 v 2014

Combined Benefits Summary - All Care of Older People Projects

- Reduction in Community Hospital bed numbers: Baseline 2011 (79), February 2014 (54)
- Increase in patients accessing South CERT (weekly average): Baseline 2011 (10), February 2014 (52)
- Increase in patients referred from GEH to CERT North (weekly average): Baseline 2011 (6), February 2014 (23)
## ECST: Right Size the Service

### 2012

**Delivering Safe Emergency Care & Ambulatory Care**

<table>
<thead>
<tr>
<th>Additional Acute Physician team (4.63 wte)</th>
<th>Ambulatory care team Acute Medicine Quality measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase OOH PA allocation for Specialist Consultants</td>
<td>Specialist Pull / Referrer decides</td>
</tr>
<tr>
<td>Ambulatory clinic Medical Nurse Practitioner</td>
<td>Leadership</td>
</tr>
</tbody>
</table>

**Right Care, Right Place, Right Person & 7 day working**

<table>
<thead>
<tr>
<th>Additional Elderly Care consultants (7.3 wte)</th>
<th>Frail Elderly Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0 wte Medical Nurse Practitioners(Cardiology, Respiratory)</td>
<td>Geriatric Assessments / Outlier review / Speciality Pull</td>
</tr>
<tr>
<td>Additional 1 Respiratory Registrar</td>
<td>7 day working</td>
</tr>
<tr>
<td>Weekend radiology supplement</td>
<td>Speciality Physician of the Week / Daily Ward or Board rounds</td>
</tr>
<tr>
<td>0.5 Specialist consultant (Respiratory)</td>
<td></td>
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**Delivering today’s work, today**

<table>
<thead>
<tr>
<th>1 wte Trust grade FY1</th>
<th>Sustainability &amp; timeliness of patient reviews, interventions &amp; discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 wte Elderly Care SHO</td>
<td>Addressing shortfalls in capacity and resource (medical, nursing, AHP)</td>
</tr>
<tr>
<td>2.6 wte Medical Nurse Practitioners</td>
<td>‘Home for Lunch’</td>
</tr>
<tr>
<td>Discharge Lounge staff</td>
<td></td>
</tr>
</tbody>
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### 2013

- **Diagnostic Business case – 7 day provision of services**
- **A&E Business case – Medical / Nursing / Admin staff - A&E Quality Targets – time to triage**
Comparison of yearly activity

Rising admissions – 24.4%

Improving discharge – 25.6%
3. Alternative models for workforce deployment
# Models for Workforce Deployment

<table>
<thead>
<tr>
<th>Demand Management</th>
<th>Admission Avoidance</th>
<th>Acute In-patient Management</th>
<th>Quality</th>
</tr>
</thead>
</table>
| • Integrated Health Teams (Community Matrons & DN work with LA re-ablement services / GP’s / Disability teams / Mental Health) | • Ambulatory Emergency Clinic MNP  
  • Medical Assessment Unit | • SHO shadow rota to cover ward and on-call sickness  
  • SpR shadow rota to cover wards and on-call sickness  
  • Development of Educational Fellows 12/24 month contract | • 7 day Medical Consultant presence  
  • (8am -2pm) |
| • Community Emergency Response Teams (CERT) | • 7 day Acute Medical Consultant presence | | • SpR and SHO discharge cover for weekends |
| • Virtual Wards  
  • Community Beds | • Geriatric Nurse Specialist for timely assessment & pull | • Speciality Medical Nurse Practitioners (MNP): request diagnostics / prescribers | • CERT Team – both AA & ESD |
| • Discharge to Assess beds (D2A)(CHC) | • 7 day diagnostics access | • Physician of the week for daily review and Speciality Pull from MAU | • 7 day pharmacy cover |
| • Promotion of Self-care | | • HaN - Flexible junior doctors 24/7 responsive to demand | |
4.

Development & Management of Integrated Multi-Disciplinary Teams (MDT)
Trust Learning Board

Learning Board

- Prioritising need to training & development
- Multi-professional education and training
- Management of Trust Training budgets

Mandatory Training Sub-Group

- Centralised Advertising and booking system for essential skills
- Clinical skills development

Leadership and Management Development

- Engaging leaders and developing the leadership culture
- Medical Leadership and development
- Support integration of acute and community services

Medical Education Sub-Group

- Works closely with university to support Undergrad curriculum review
- Increasing number of Clinical Fellows to support enhanced placements for Under and Post grad trainees

IT Sub-Group

- Diverse, trust-wide membership Promoting the use of IT and the Intranet as a knowledge management system

Widening Participation Sub-Group

- Developed educational framework for clinical staff in Bands 1-4, including
  - Apprenticeships
  - Assistant practitioners

Continuing Professional Development Sub-Group (Nursing/AHPs/Pharmacy)

- Coordination of commissioning of Education and Development for professionally qualified workforce
- Health Visitors / AHP / Secondments / Change programmes

Interfaces with Arden Local Education and Training Board (Sub Group of Health Education West Midlands includes Trusts in Warwickshire, Coventry, Worcestershire and Herefordshire)
Management through Participation

- ‘Leadership .....&...... No-blame Culture’
- Transformation and redesign programmes
- Clinical Leads with timeframes and support for delivery
- Process and System locally developed, delivered and owned:
  
  ‘Self-improving System’ (Hewitt 2005)

  .....Drivers for improvement come from within rather than imposed from outside......
Conclusion......Change takes time

‘The aggregation of marginal gain’ (David Brailsford)

• Small incremental change reap dividends.............

• eCAT /Trusted Assessment- referral direct to Re-ablement
  – Reduced LOS by 3 days in this pt cohort
• Length of Stay for patients over 65 yrs reduced
  – 5.3 days to 4.88 days
• Ambulatory Care target > 100 patients per month
  – Achieved 131 pts through in January 14, 73% discharged, 479 bed days saved
• Frail elderly deaths in hospital reduced
  – 8.9% to 8.1%
• Deaths for patients over 65 yrs reduced
  – 3.1% to 2.8 %
• A&E 4 hour target
  – Achieved Q2 and Q3 2013
  – Achieved M1 & M2 in Q4 2014
Thank you