Glooucestershire Care Services: Single Point of Clinical Access (SPCA)

Background

The SPCA was established on the 1st March following the formal integration of two teams that worked for different Organisations, working primarily on referral systems and pathways across Acute, Community and Adult Social Care.

Unscheduled Care Referral Centre (UCRC): Previously within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

This team was established in 2009 in response to the UTOPIA project that was led within GHNHSFT. The team was established to ensure that referrals into the Acute Trust were appropriately channelled along the correct pathways of care, ensuring only those patients who required acute care were referred accordingly. Alternative pathways were offered by the team to referring clinicians, if deemed appropriate. In July 2010 the UCRC team were relocated to Edward Jenner Court, Headquarters for Gloucestershire Care Services with the aim of working alongside the Capacity Management Service who had also recently been relocated to this facility. In March 2011 staffs working within the UCRC team were transferred under TUPE legislation to Gloucestershire Care Services.

Capacity Management Service (CMS): Gloucestershire Care Services

The Capacity Management Service was established within Gloucestershire Care Services following a review of the Bed Management Service that had been established in the predecessor organisation. In March 2010 the team were relocated to Edward Jenner Court, with the aim to improve upon the staffs working conditions and commence upon a phased delivery programme to meet the SPCA model.

Objectives

The SPCA was established in order to:

- Support real time capacity and demand management throughout the health and social care urgent and emergency care system.
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- Improve the ability of health and social care professionals to refer patients to the most appropriate service to meet their assessed needs, thereby reducing the admissions of adults to acute hospital services who could have more appropriately been offered a service in a community setting and facilitating timely discharge.
- Provide professionals with a one-stop point of contact to plan an individual patient's care pathway 7 days a week in the most appropriate and cost-efficient manner. There is a seamless link to out of hours arrangements, including transfer of any relevant information such as special patient notes to ensure consistency of response.
- Provide consistent pathway coordination to identify the relevant service, matching assessed needs of the referring clinician to the services available.
- Liaise with Great Western Ambulance Service (GWAS) to secure transport for the patient, rather than have the referrer make an additional call following agreement as to the correct pathway.
- Maintain a live Capacity Management System (CMS) which highlights available capacity.
- Facilitate timely and appropriate transfers from GHNHSFT and out of county acute trusts into Gloucestershire Community Hospitals.

The SPCA is accessible to:
- General Practitioners
- Health and social care teams
- Community hospitals, including Minor Injury and Illness Units
- GPs working with Care homes.
- Great Western Ambulance Service (GWAS) paramedics and clinical desk
- Gloucestershire Hospitals NHS Trust to support accelerated discharge from the Emergency Departments (ED)
- Gloucestershire Care Services Community Discharge Team (CDT)

**Expected Outcomes**

The expected outcomes are as follows:

- A reduction in ED attendance and admission as a result of a health professionals referral, through partnership working with community services and primary care
- Increase in the number of appropriate referrals to community based services, including direct community hospital admissions
- A reduction in GWAS conveyance rates in response to 999 calls
- A reduction in calls for which a service could not be identified
- High quality reporting to commissioners on the overall capacity and demand within the system.
**Expected benefits**

The expected benefits are:

- Streamlined experience for the patient, avoiding duplication and unnecessary hand-offs.
- Care delivered closer to home, in line with national policy.
- Efficiency savings to the health community arising from admission avoidance.
- Improved use of clinician time. The referral process will allow those referring to identify service user requirements without having to decide which the most appropriate service is or spend time trying to find it.
- Improved co-ordination of services to meet the assessed needs of the patients.
- Partnership and collaborative working amongst organisations to promote ‘whole system’ approach and individualised patient responses.
- Analysis of ‘real time’ capacity data to be analysed and reviewed to identify gaps in service provision and better schedule responses.
- SPCA will assist the health community in meeting its key performance indicators e.g. four-hour operational standard through attendance and admission avoidance; ambulance response times.

**How the service operates**

The service operates in the following way:

- Health and social care professionals contact SPCA when they have a patient who needs urgent support from a community service, urgent assessment and treatment from an acute hospital or advice on services in the community that may be available for that specific patient’s requirements. Referral will be made by telephone.
- The referring practitioner will provide demographic, clinical (including patients vital signs where appropriate) and where appropriate psychosocial details, including level of urgency of referral to the SPCA clinician. Once this information has been received, it will be input on to the organisation’s IT systems. The SPCA clinician will manage the referral through collaborative working with the Acute Trusts and community health and social service teams including mental health and with the referring practitioner.
- If, in consultation with the referring practitioner, an admission could be avoided, the SPCA will refer the patient to the appropriate community based service who will assess and arrange an appropriate care package.
- The SPCA clinician will provide clinical challenge where appropriate but will not over-ride the referring practitioner’s management plan. SPCA is a facilitative service to aid the referring practitioner to access the most appropriate care pathway for their patient. The final decision rests with...
the referring practitioner, as the clinical responsibility remains with the referring practitioner.

- The SPCA also receives calls from GHNHSFT in patient units and where deemed appropriate facilitates the transfer of patients into Community Hospital beds. The SPCA ensures via this process that the patient meets the Admission and transfer criteria for Gloucestershire Community Hospitals.

**Strengths of Gloucestershire Care Services undertaking this role**

- GCS has extensive experience of supporting the management of capacity across the Health and Social Care community.
- GCS provide support to GHNHSFT from the Community Discharge Team (CDT), who work within the ED’s and Acute Assessment Units supporting early discharge and avoiding hospital admission where possible. This team works closely with the SPCA with integrated roles and responsibilities being developed.
- The SPCA work closely with a diversity of community based services which are provided by GCS, in order to support the delivery of admission avoidance targets.
- Evidence that the SPCA is offering alternatives to acute hospital admission where it is safe and appropriate to do so.

**Risks areas**

There are no specific risks associated with the fact the GCS are providing the service, although it is acknowledged that the service does carry its own service related risks which include:

- Fluctuating service demand and ensuring that the available capacity can respond appropriately.
- Ensuring all staff have an in depth understanding of the alternative pathways that are available across health and social care.
- Referring clinician retains rights to decline alternative to acute hospital admission which could impact on ED attendance.
- Business continuity plans in place to address factors that may disrupt services, ensuring risk and impact is minimised.
## Performance targets

### 7. Quality Requirements

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Indicator</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Consequence of breach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service user experience</td>
<td>Complaints from referrers</td>
<td>Monthly report with complaints at less than 5%</td>
<td>Monthly report with complaints at less than 5%</td>
<td>Action plan produced</td>
</tr>
<tr>
<td>Service user experience</td>
<td>Questionnaire</td>
<td>10% of referrers sent questionnaire</td>
<td>6 monthly review</td>
<td>Action plan produced</td>
</tr>
<tr>
<td>Most appropriate pathway delivered</td>
<td>Audit of request to pathway delivered</td>
<td>Clinical assessment that no more than 1% of pathways not most appropriate</td>
<td>Monthly review</td>
<td>Action plan produced. Review of any patient risks identified</td>
</tr>
<tr>
<td>Information of sufficient quality to meet commissioner requirements including gap analysis (referrals for which desired outcomes are not available)</td>
<td>Information monitoring, development of systems on agreed trajectory</td>
<td>Monthly report to be produced and agreed at contract board</td>
<td>Monthly consistent and timely information</td>
<td>Service will not identify capacity gaps for USC system</td>
</tr>
<tr>
<td>Staff satisfaction</td>
<td>Survey</td>
<td>All staff in SPCA</td>
<td>Annual with initial 6 monthly as part of initial evaluation of SPCA</td>
<td>Action plan</td>
</tr>
<tr>
<td><strong>Performance &amp; Productivity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease acute admissions through deflections of activity intended for GHNHSFT to community services</td>
<td>Recorded by SPCA – including details of which service deflected to.</td>
<td>As per QIPP workbook</td>
<td>Weekly report to commissioner</td>
<td>Action plan</td>
</tr>
<tr>
<td>Increase numbers able to stay at home</td>
<td>10% calls result in patient remaining at home</td>
<td>To be corrected to Priority Response Service Development</td>
<td>Weekly report to commissioner</td>
<td>Action plan</td>
</tr>
</tbody>
</table>
## 8. Activity

<table>
<thead>
<tr>
<th>Activity Performance Indicators</th>
<th>Indicator</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Consequence of breach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged calls</td>
<td>Monthly reported deviation</td>
<td>&lt;1%</td>
<td>Call handling system audit</td>
<td>Action plan including assessment of risk to patient</td>
</tr>
<tr>
<td>Abandoned calls</td>
<td>Monthly reported deviation</td>
<td>&lt;5%</td>
<td>Call handling system audit</td>
<td>Action plan including assessment of risk to patient</td>
</tr>
<tr>
<td>Calls answered within 60 seconds</td>
<td>Monthly reported deviation</td>
<td>95%</td>
<td>Call handling system audit</td>
<td>Action plan including assessment of risk to patient</td>
</tr>
<tr>
<td>Calls resolved with agreed pathway within 20 minutes</td>
<td>Monthly reported deviation</td>
<td>95%</td>
<td>Call handling system audit</td>
<td>Action plan including assessment of risk to patient</td>
</tr>
<tr>
<td>Service confirmed and notified to referrer within 2 hours</td>
<td>Monthly reported deviation</td>
<td>95%</td>
<td>Call handling system audit</td>
<td>Action plan including assessment of risk to patient</td>
</tr>
<tr>
<td>Complaints</td>
<td>Resolved within 25 days</td>
<td>PCT audit</td>
<td>Bimonthly clinical governance</td>
<td>Risk to patient</td>
</tr>
<tr>
<td>Incidents</td>
<td>Immediate</td>
<td>PCT risk</td>
<td>As above</td>
<td>Risk to patient</td>
</tr>
</tbody>
</table>

### Performance

The information provided commences the 5th June 2011 following the introduction of Adastra, the new SPCA information system.
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Registered name: Gloucestershire Primary Care Trust

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SPCA since go-live on Adastra - Calls handled and Referrals into SPCA

Pathways for patients referred to SPCA since go-live on Adastra

<table>
<thead>
<tr>
<th>Pathway</th>
<th>W/E 12/6</th>
<th>W/E 19/6</th>
<th>W/E 26/6</th>
<th>W/E 3/7</th>
<th>W/E 10/7</th>
<th>W/E 17/7</th>
<th>W/E 24/7</th>
<th>W/E 31/7</th>
<th>W/E 7/8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to Acute Hospital</td>
<td>269</td>
<td>247</td>
<td>266</td>
<td>265</td>
<td>253</td>
<td>276</td>
<td>272</td>
<td>287</td>
<td>273</td>
</tr>
<tr>
<td>Admissions to Community Hospital</td>
<td>67</td>
<td>96</td>
<td>76</td>
<td>83</td>
<td>61</td>
<td>81</td>
<td>58</td>
<td>90</td>
<td>60</td>
</tr>
<tr>
<td>All Other Outcomes</td>
<td>46</td>
<td>37</td>
<td>46</td>
<td>23</td>
<td>28</td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>
Appendix 3

Registered name: Gloucestershire Primary Care Trust

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SPCA since go-live on Adastra - total of abandoned calls and as a % of all calls handled

<table>
<thead>
<tr>
<th>W/E 12/6</th>
<th>W/E 19/6</th>
<th>W/E 26/6</th>
<th>W/E 3/7</th>
<th>W/E 10/7</th>
<th>W/E 17/7</th>
<th>W/E 24/7</th>
<th>W/E 31/7</th>
<th>W/E 7/8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandon %</td>
<td>18.7</td>
<td>19.4</td>
<td>13.7</td>
<td>9.9</td>
<td>6.2</td>
<td>7.4</td>
<td>2.7</td>
<td>2.3</td>
</tr>
<tr>
<td>Total Calls Abandon</td>
<td>128</td>
<td>177</td>
<td>105</td>
<td>56</td>
<td>31</td>
<td>46</td>
<td>13</td>
<td>12</td>
</tr>
</tbody>
</table>

Community Discharge Team Facilitated Discharges Since Relocation to the EDs

<table>
<thead>
<tr>
<th>W/E 29/5</th>
<th>W/E 5/6</th>
<th>W/E 12/6</th>
<th>W/E 19/6</th>
<th>W/E 26/6</th>
<th>W/E 3/7</th>
<th>W/E 10/7</th>
<th>W/E 17/7</th>
<th>W/E 24/7</th>
<th>W/E 31/7</th>
<th>W/E 7/8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transferred from ED</td>
<td>5</td>
<td>15</td>
<td>20</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
Critical events associated with the above graph (2011/12)

- Week 7: 13th May 2011 = 4 weeks post the introduction of the integrated SPCA
- Week 9: 27th May 2011 = Introduction of the Community Discharge Teams into the Emergency Departments and ACUC
- Week 11: 10th June 2011 = Introduction of new information system to support service delivery
- Week 13: 24th June 2011 = Embedding of SPCA change programme

Length of contract

There is no stipulated agreement at present on the length of the contract that NHS Gloucestershire holds with Gloucestershire Care Services.