

Health Overview and Scrutiny Committee

Improving Urgent and Emergency Care Services in Gloucestershire

November 2022

1. PURPOSE OF THE DOCUMENT

In response to the ongoing challenges around performance and delivery of Urgent and Emergency Care in Gloucestershire, Health and Social Care partners commissioned a full review of our system to consider the opportunities for improvement.

This paper for the Gloucestershire Health Overview and Scrutiny Committee (HOSC) provides an update on the work that the Newton Europe team have delivered to support the improvement of Urgent and Emergency Care services in Gloucestershire

2. APPROACH TO IDENTIFYING SYSTEM OPPORTUNITIES FOR TRANSFORMATION

To understand where there were opportunities to improve our performance and improve the experience of people who need Urgent and Emergency Care, the diagnostic prioritised four key areas across all system partners:

- **Community and hospital front door** - Are we effectively supporting people within our community and at the front door to not only prevent non-ideal attendances and admissions into the acute, but to also prevent a crisis in the first place.
- **Acute stay** - Are we ensuring that we are discharging people from an acute at an optimum time through the correct processes and availability of any ongoing support required to support system flow and shorter acute stays
- **Hospital Discharge** – Post an acute stay are we supporting people to achieve their optimum long-term outcomes through effective reablement, optimum lengths of stay and effective decision-making which places people in the setting which will allow them to remain as independent as possible
- **Discharge to long term settings** – Are we supporting system flow by ensuring there is availability in the long-term market for those that need and stepping down care for those that no longer need care.

To ensure the diagnostic was as well rounded as possible, a comprehensive methodology was employed:

- **Case Reviews** – Over the course of 3 days over 115 practitioners from Gloucestershire Hospitals Trust, Gloucestershire Health and Care, Gloucestershire County Council, Primary Care, South Western Ambulance Service and the Integrated Care Board came together to review individual cases to understand, with the right multi-disciplinary approach, could an individuals' experience interacting with the health and care system have been improved, and where there were options to drive greater independence. During these three days over 100 cases were reviewed, where a range of improvements to key

services and processes were identified as providing opportunities for the system to ensure better outcomes and experiences.

- **System wide data analysis** – Using data from across system partners, over 1.7 million rows of data were analysed which supporting in identifying patterns, trends and the scale of challenges to provide the context for future transformation.
- **Process Mapping** – To understand opportunities to improve the Gloucestershire Health and Care system, it was vital to understand the processes in which it currently operates. Whilst completing this diagnostic, 8 key processes were mapped in depth with experienced practitioners, supporting to identify where potential opportunities were realisable or whether processes restricted these from being implemented.
- **Frontline shadowing** – Change needs to be delivered in partnership with all of the system partners and therefore it is vital that there is a clear understanding of the day to day challenges face. To gain an appreciation of what a ‘day in the life’ of a system colleague is really like, 200+ hours of front-line shadowing was completed within numerous environments including in the emergency department, ambulances, GP surgeries, wards, brokerage, and with the reablement team (amongst others).
- **Staff engagement** – An integral part of supporting transformation is understanding how ready the system is to undertake what will be a challenging programme. Over 220 staff were surveyed and 100+ staff engaged face to face across all system partners to assess the ‘readiness for change’.

3. OPPORTUNITIES FOR IMPROVEMENT

Across the 5 weeks of diagnostic, there were a number of opportunities identified across the 4 main areas of focus. These opportunities are now being developed into a comprehensive delivery programme for the next 18 months. The expectation is that the combined impact of implementing all of these improvement opportunities will have a significant positive effect on the performance of our Urgent and Emergency Care system in Gloucestershire.

1. Community and hospital front door

- **Nearly 2200 fewer attendances per year** could be achieved through interventions from SWAST and Rapid Response
- **Over 2100 fewer admissions per year** could be achieved through improved attendance avoidance and greater input from the Frailty Assessment Unit
- **580 acute episodes per year** could be prevented with additional community support including a falls service and GP multi-disciplinary team reviews

2. Acute stays

- **8000 fewer bed days** could be achieved through more efficient diagnostic testing and greater focus on facilitating simple discharges (those not requiring additional short term support on discharge)
- **Up to 33,000 fewer bed days per year from those who have No-Criteria To Reside** could be realised with improved downstream capacity and discharge processes
- More patients could achieve **quicker and more independent outcomes** through improving discharge decision-making processes. For example, focussing on board

rounds carried out by multi-disciplinary teams of practitioners that prioritise and escalate the actions required to facilitate discharges. Improving the transfer of care process is also important to reduce discharge delays. Removing discharge delays, when a patient no longer requires an acute bed, would **reduce the average length of stay for over 65s by almost 4 days.**

3. Hospital Discharge

- **Over 750 more people accessing home based reablement supported** with the right technology, more effective use of Multi-Disciplinary Teams (MDTs) and agreement of person-centred shared goals between patient and practitioner
- Our reviews identified that we over-prescribe the amount of care that people returning home will need. Rebalancing our system to appropriate levels as seen in comparable better performing systems, would see **over 500 more people returning home with a reduced level of care package required, which will reduce demand and free up 'flow', supporting more people to return more swiftly to their own homes after a stay in hospital.** This will be enabled by greater use of multi-disciplinary team decision making and clearer criteria for discharge that are used consistently across our whole system
- **Over 235 people avoiding non-ideal long-term beds** through appropriate decision making and reablement

4. Discharge to long term settings

- **Over 1600 hours per week of Domiciliary care could be released** through the use of MDTs and the development of closer provider to provider relationships, enabling patients' needs to be assessed more effectively
- **Over 125 fewer people in low intensity beds** Through challenging the existing over-prescribing of Domiciliary Care packages (this is based on a careful assessment of the number of people who are prescribed care when going home from hospital, when compared to national best practice but also to other higher performing systems with comparable demographics and geography)

4. COMMITMENT TO TRANSFORMATION

The diagnostic has identified a wide range of improvement opportunities for the Gloucestershire system, that will require significant transformation in the way that services are currently working. To deliver transformation at scale, the Gloucestershire system will need to commit to a number of principles which should ensure the changes can be both delivered but importantly also sustained:

- Shared ownership of the challenge with clear accountabilities
- Jointly agreed priorities and plan of action
- Commitment to a long-term programme of change
- Effective governance and integrated decision making
- Learning culture without blame

5. TRANSFORMATION APPROACH

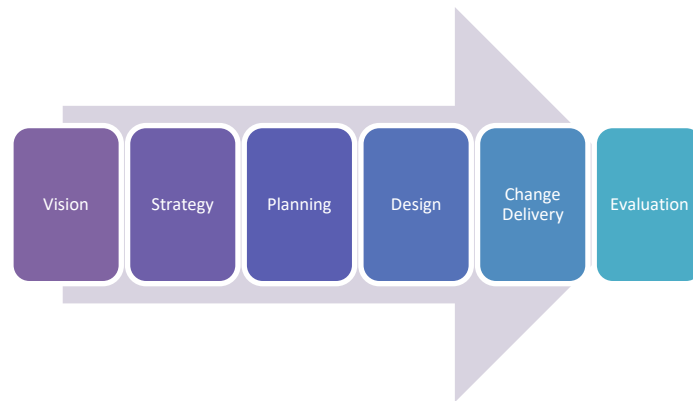
Now that the detailed diagnostic phase is complete, focus is shifting to the 12-18 month Design and Implementation phase. Given that 80% of large transformations at this scale of magnitude will fail, to deliver this transformation programme successfully the next steps are to ensure both rigorous planning but also sufficient capacity to deliver the change is in place. The programme components will include:

- Detailed process redesign
- Identify the targets and aspirations
- Understand the key levers to change
- Coaching and upskilling where required
- Rigorous trial and iteration approach
- Creation of success measures
- Cementing new roles and processes
- On the ground engagement planning
- Creating long term tools and succeed measures
- Effective and aligned leadership
- Programme governance and management

Accepting the caveats above, the Gloucestershire health and care system does have a strong track record of delivering successful programmes at scale, as evidenced through improvements delivered across a number of other clinical and transformation programmes. Working collectively in a system programme is expected to deliver the following benefits:

- Ability to deliver large scale, pathway-based transformation effectively
- Improved pathways and service user outcomes consistent with a focus on promoting independence
- Reduced costs and improved financial sustainability
- Clarity of top-down vision, with bottom-up delivery of key strategies

- Alignment with whole system, rather than siloed perspectives – including health partners, council and provider markets
- Greater staff engagement and learning and development facilitating wider value



6. SUMMARY AND NEXT STEPS

This paper sets out the high-level findings of the Newton Diagnostic work commissioned by the Gloucestershire Health and Care system. The findings demonstrate that there are significant efficiency opportunities that can be delivered within existing resources. Delivering these will have consequent benefits on the performance of our Urgent and Emergency Care system, meaning that the outcomes and experience for our population will be improved. The findings will inform a comprehensive transformation programme which will be delivered over the next 18 months, and will be delivered jointly by all partners working together.