NHS
Sunderland
Clinical Commissioning Group

SENIOR DECISION MAKER EVALUATION HIGH LEVEL REPORT

CONSULTANT CONNECT - April 2017

Purpose of Report

Further to the recent project newsletter this evaluation report provides a detailed description of the senior decision maker project (Consultant Connect) alongside a summary of initial evaluation metrics. The original purpose of this report was to obtain further funding for the project from both Sunderland CCG Sustainability Delivery Group (SDG) and Executive Team to extend the service for a further 6 months (May – October 2017), at a cost of £30,000. Funding agreed and source identified from the 2017/18 Estates Technology and Transformation Fund or Vanguard slippage if funds from the transformation fund are not available.

Executive Summary

- Consultant Connect is 1 of 5 projects within the Ambulatory Emergency Care (AEC) work stream and is intended to provide advice and guidance to GPs and to support referrals to the right care setting first time, whether that is Recovery at Home (RAH), Emergency Department (ED) or AEC
- Consultant Connect is now being used by 84% of GP practices
- Currently the service is used for acute medicine only, but has the capability of adding a further 3 specialties
- Consultant Connect has shown a clear reduction in GP referrals to ED
- The average GP admission avoidance into City Hospitals Sunderland (CHS) (community advice and guidance) is 21%
- Reductions in GP admissions to CHS can help reduce pressures on ED and improve patient flow
- Consultant Connect enables more services to be utilised, such as outpatient and hot clinics
- Improved relationships between CHS medical staff and GP's.
- The cost of the service is £5000 per month
- A robust evaluation is ongoing which includes robust data collection from across the system, clinical audit and patient and staff experience surveys
- Multi-disciplinary clinical audit provides the opportunity to highlight gaps in service provision and identify areas for service improvement
- As part of project evaluation alterative and less expensive solutions for senior decision making support will be explored

1. Introduction

Consultant Connect was introduced into CHS in October 2016 and has been funded until 28 April 2017 from the 16/17 Ambulatory Care budget.

Consultant Connect is a telephone solution that allows GPs and other Health Care Professionals to contact local hospital consultants or senior clinicians directly and immediately. The GP dials a standard rate number and the call is answered typically in under a minute, however this can vary on occasion due to capacity within the hospital and at times of high demand. The conversation between clinicians is recorded for the purposes of clinical governance and both secondary care and the individual GP practices have access to these recordings. Advice and guidance given by the consultant/senior clinician is recorded for the purposes of clinical governance, making the service paper free.

The benefits of having a senior decision making service are:

- GPs can access advice & guidance immediately and deliver the right care for their patients first time
- Patients only attend hospital if it's clinically necessary

- Hospitals see a reduction in unnecessary referrals and admissions which can result in reduced workload
- Cost savings from reductions in unnecessary referrals and which enables a better delivery of service for patients
- Speeds up the care pathway, avoidance of unnecessary patient visits to hospital, reductions in follow-up visits to GP Practices
- Case based learning, reconnecting with consultants
- Full tracking of advice & guidance activity, greater 'whole system' efficiency, with savings available to support other hospital and community initiatives

2. Metrics Narrative – October to December 2016

A comprehensive metric/dashboard has been developed to evaluate the project, key metrics includes datasets from the consultant connect system as well as NEAS, South Tyneside FT, RAH and CHS.

Primary Care Activity into CHS via ED

- Figure 1 shows that in November and December ***there was a clear reduction in GP referrals to ED***. This is a period of the year when we would expect to see an increase in GP referrals to ED. The reduction could be contributed to the introduction and embedding of Consultant Connect, as well as other AEC projects e.g. NEAS pathfinder, DVT and cellulitis pathways
- The admission rate via ED for August to December ranged between 47% and 52% (figure 2). This data is for patients that have been clinically assessed by their GP either by phone or face to face and deemed as requiring secondary care, therefore a higher admission rate would be expected. A qualitative clinical audit is planned to understand the admission activity in further detail.

GP referrals to ED

Month	GP referrals to ED	Patients admitted	Conveyed by ambulance
August	424	207 (49%)	94 (22%)
September	491	244 (49%)	128 (26%)
October	478	224 (47%)	121 (25%)
November	431	242 (56%)	134 (27%)
December	373	195 (52%)	95 (22%)

Figure 1

- Figure 2 shows the percentage of patients admitted to integrated assessment unit (IAU) via ED. December shows a change of flow with ED utilising AECU more and IAU less. This could be due to lack of capacity within IAU and/or more patients being identified in ED as suitable for ambulatory care.

GP Admission activity via ED

Ward	August	September	October	November	December
IAU	53%	50%	49%	50%	45%
AECU	17%	18%	19%	17%	25%
SSSU (D42)	6%**	8%**	8%	9%*	10%*
CPAU	N/A	N/A	N/A	10%*	N/A
D43 (Ortho)	6%**	N/A	N/A	N/A	N/A
Other Wards	6%**	8%**	N/A	N/A	12%*

Figure 2

**Wards were recorded for 2 of the weeks in each month*
**Shaded out areas represent the time prior to Consultant Connect*

Primary Care Activity into CHS via Direct to Ward *(GPs don't have direct access to IAU for admission)*

Figure 3 provides the number of GP admission directly to wards. November and December shows a decrease in GP direct admissions to wards, which is in keeping with the 21% admission avoidance data which has been collected through Consultant Connect call outcomes.

	August	September	October	November	December
GP admissions directly to ward at CHS	481	442	487	442	417

Figure 3

Figure 4 identifies which wards patients were directly admitted to by GPs (bypassing ED). Although **GPs don't have direct access to IAU,** following a conversation with AECU clinicians via Consultant Connect**, patients can be streamed direct to IAU if a bed is available** rather than waiting within AECU prior to admission ('barn door' admission). This has increased by 9% in December.

We have included urology, surgery and ENT figures for comparative purposes only as these specialities are not currently utilising Consultant Connect but do have ambulatory areas in development.

Ward	**August**	**September**	**October**	**November**	**December**
	Ave % Admitted to Ward Prior to Consultant Connect		**Ave % Admitted to Ward**		
AECU	50%	56%	54%	55%	**60%**
IAU* **	6%	N/A	N/A	N/A	**9%**
Surgical AEC	27%	23%	26%	26%	21%
Urology AEC	N/A	6%	5%	7%	9%*
ENT	N/A	N/A	N/A	N/A	6%

Figure 4

**Wards where activity recorded for 2 of the weeks within the top three wards*
****GPs don't have direct access to IAU, however this data is for patients who are directed to IAU by AECU via Consultant Connect or the previous bleep system*

- Figure 5 shows a **reduction in GP overall activity into CHS, in line with the implementation of Consultant Connect**. Other AEC initiatives may also contribute to reduction in activity as they were launched across the system within a similar time frame i.e. DVT and Cellulitis pathways as well as paramedic pathfinder.
- There was a reduction of **175 patients** flowing into the Trust from October – December, which can be as a result of a combination of Consultant Connect advice and guidance with further utilisation of community services, implementation of new pathways as well as the NEAS paramedic pathfinder project
- Further audit is required to review the activity into the RAH service in order to understand if more patients are being managed in the community. Analysis is underway to validate and progress RAH data further.
- Audit is needed to understand the reason for GP referrals into ED that have been instructed via Consultant Connect to ensure the patient gets to the right place first. This may be due to AEC ward capacity and a variation in decision making of the consultants and the acuity of the patients.

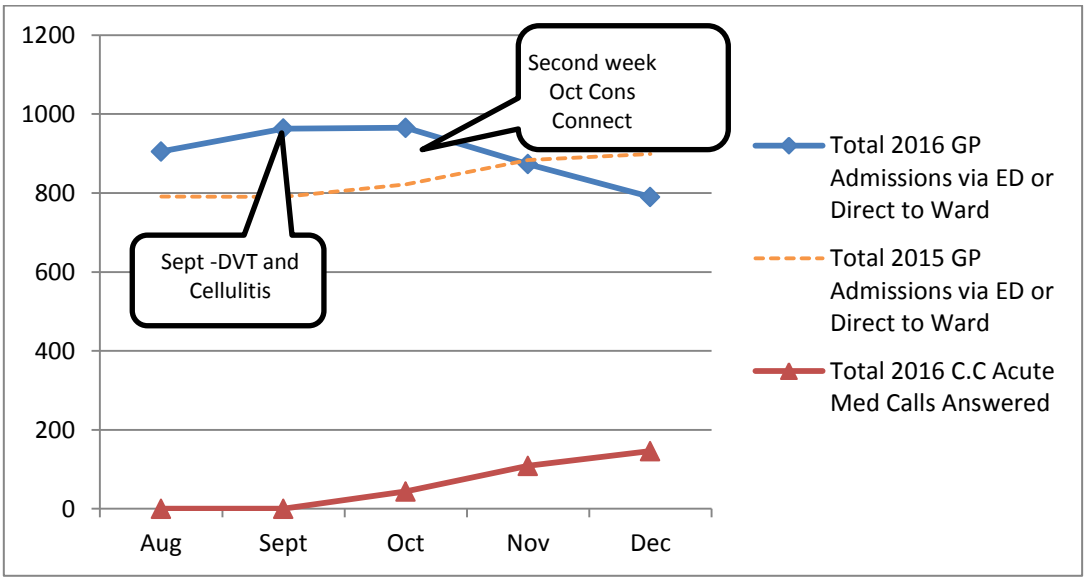

Figure 5

AEC Secondary Care Dashboard Information

Figure 6 identifies activity accessing medical AEC on a monthly basis, activity has steadily risen from August to December with a larger increase in December. Although the increase may be due to the advertising of AEC across the whole system, it may also be seasonal. Figures for AECU activity in 2014/15 is being collected for comparison.

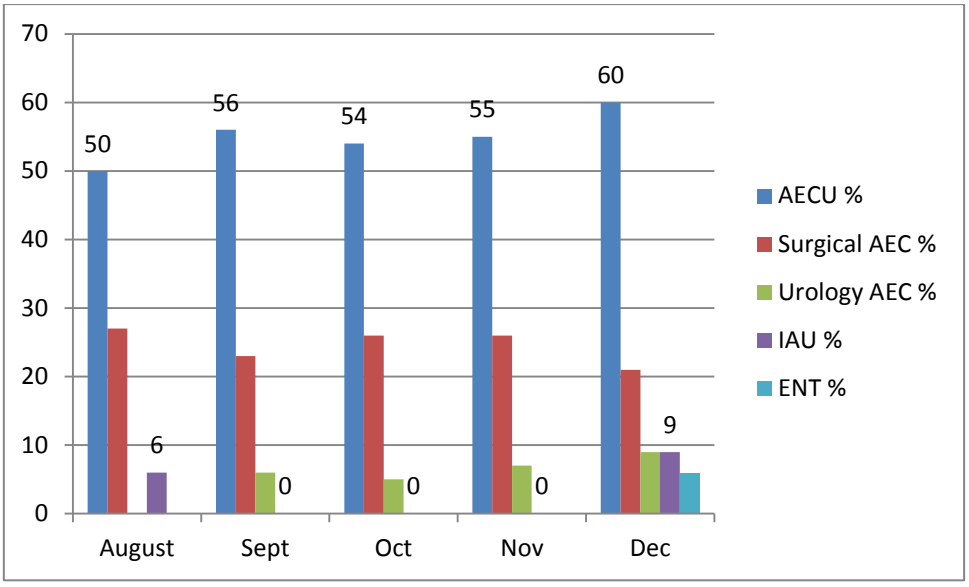

Figure 6

- Figure 7 identifies the discharge location/ward for patients who are admitted from medical ambulatory care/AECU
- An average of 72% of patients were discharged home from medical AEC between August and December, of those 54.2% were referrals from GP's, the rest are patients pulled from ED
- An average of 28% of patients were admitted to a ward from AEC with common base wards recorded as general surgery or medical short stay

	August	September	October	November	December
Discharged home from EACU	**490 (71%)**	**491 (71%)**	**481 (69%)**	**491 (70%)**	**556 (74%)**

Admitted from EACU	**203 (29%)**	**180 (27%)**	**213 (31%)**	**211 (30%)**	**198 (26%)**
Common Wards Ref Too and Percentage of Patients to Ward	D42 General Surgery **(44%)** & B20 Medical Short stay **(23%)**	D42 General Surgery **(36%)** & B20 Medical Short stay **(23%)**	D42 General Surgery **(37%)** & B20 Medical Short stay **(28%)**	D42 General Surgery **(37%)** & B20 Medical Short stay **(27%)**	D42 General Surgery **(30%)** & B20 Medical Short stay **(25%)**
Total	**693**	**671**	**694**	**702**	**754**
% GP Refs on Unit	**54%**	**57%**	**57%**	**54%**	**49%**

Figure 7

Consultant Connect Activity

Figure 8 identifies call outcomes from calls received by Consultant Connect month on month as well as the average call pick up time and length for each month.

Month	Average pick up rate	Average call length	Admission Avoided	Admission to Acute Medicine	Ref to ED or Other Specialty	Ref to ED or OPD Clinic	Other*	Total
October	61%	4.34 mins	7	16	13	7	2	45
November	72%	4.24 mins	20	41	31	14	5	111
December	81%	4.20 mins	27	68	28	16	4	143
January	69%	4.19 mins	38	71	34	2	1	146

Figure 8

**Other outcomes are where a call recording is not available, wrong number dialled or a duplicate call*

- As a qualitative marker patient NHS numbers for all call outcomes have been cross referenced against Trust activity to confirm patient pathways, especially to review if an admission was avoided that day or was admitted subsequent days after the initial call
- Number of Consultant Connect calls audited by an MDT team are 20

NEAS Medicine and Urology Ambulatory Care Referrals

- With the introduction of Paramedic Pathfinder NEAS ambulance clinicians can now refer patients directly to AECU. In October this was extended to Urology Ambulatory Care
- There were 5 direct referrals to Urology Ambulatory Care in the first month
- In total 65 patents avoided ED by being accepted directly into AEC within CHS
- The refusal to accepted patients into AECU was mainly due to lack of capacity at the time of referral

Month	NEAS Ref to AECU Attempted	NEAS Referrals to AECU Accepted - ED avoided	Referrals to AECU declined	NEAS URAU Ref Attempted	NEAS URAU Ref Accepted ED Avoided
October	27	12	15	N/A	N/A
November*	32	22	10	N/A	N/A
December	34	13	14	N/A	N/A
January	26	15	11	5	5
Total	119	62	50	5	5

**NEAS referrals into the Urology pathway started in January*

3. Patient and Staff Experience

Patients

Patient questionnaires have been developed for distribution from the AECU ward to obtain patient feedback from their whole pathway. Patient AEC information leaflets are available in GP practices for GPs to issue to patients when they are referred to the AEC unit. AEC information videos are also displayed within GP practices to help promote the concept to patients.

20 patients have returned an AEC questionnaire between September and December 2016. The main outcomes from questionnaires are as follows:

- 95% of patients who completed the questionnaire had been sent to AEC via their GP
- The majority of patients were not issued with a leaflet from the GP explaining the purpose of the unit. Patients who did receive the information leaflet via their GP on referral found it very informative, as it explains what is about to happen. Further promotion of the leaflets are planned with GP practices
- All patients felt the purpose of AEC was a good one and found their care to be good or excellent with very positive comments about both staff and the ward environment with clear information about follow up care
- When asking patients if they would prefer to be treated in hospital or at home, there is a 50/50 split depending upon patient preference and where they feel comfortable i.e. safer in a hospital environment when poorly or feel more comfortable in their own home and surroundings
- Comments for future improvements relate to improving GP capacity

GPs

Consultant connect issued, collected and analysed GP questionnaires. Outcomes are as follows:

- 34 respondents
- GPs who felt Consultant Connect is good for patient care in Sunderland – 72% Positive / 28% Negative
- GPs who felt Consultant Connect could improve the way GPs work with local consultants – 59% Positive / 26% Neutral / 15% Negative
- GPs who felt that it was useful to talk to a consultant about specific cases – 47% Positive / 46% Neutral / 7% Negative

Of the 34 respondents, 29 had used the service whilst 5 had not. The reasons for not using the service were:

- “Have not had need to use it, but had been encouraged to use it by nursing staff in AECU
- “Haven't felt the need and not quite sure how”

There were a number of suggestions from GPs for other specialties to join the system. The main priorities were paediatrics, neurology, surgery, gynaecology and care of the elderly.

Trust Survey Results

- 6 Respondents - Consultants, Registrars and Nurse Practitioners all answer the calls.
- 100% had taken a call through Consultant Connect
- 66.67% think it has improved the quality of care

Examples of Usage

- “Call about management of patient with hyponatraemia. Advised regarding medication changes and reassessment by the GP. Patient did not need to come to EACU.”
- “Avoid unnecessary admission and developed a better relationship with GP colleague.”

4. Further Actions (May – October 2017)

- Continue to engage with general practice to increase the uptake of the system
- Place a further 3 specialties onto the system as suggested by clinicians e.g. paediatrics, care of the elderly and general surgery
- Undertake a clinical qualitative audit to support further pathway development and validate data for GP referrals into ED
- Understand the reasons for declined referrals from paramedics
- Understand how the system can continue to contribute to the AEC program of work
- Continue to progress evaluation metrics, utilising data across the system to ensure robust evaluation takes place
- Whilst the current plan is to extend Consultant Connect for a further 6 months and undertake a more in depth evaluation, we also intend to explore alternative less costly solutions to offering senior decision making support for GP's, to help inform their decision making prior to admitting a patient