



Primary care reducing the burden on A&E

Emergency department pilot

Case Study

January 2023

Primary Care, through the data and technology we now have access to via Primary Care Networks, have greater awareness and insight into their patients as they navigate the broader health and care system.

Dr Bharan Kumar MD MRCGP
General Practitioner
Clinical Director, SHAPE PCN
Clinical Lead for Population Health, Frimley Health and Care ICS

 @DrBharan



Revealed: Record 50,000 patients a week face 12-hour A&E waits



GPs will be named and shamed over failure to see patients face to face

The Telegraph

NHS to publish data on every surgery in England after health service 'gridlock' linked to people unable to book appointments

'Unnecessary attendances' hides real causes of A&E gridlock

The Herald

10th January



What's behind the increase in demand in Emergency Departments?

Posted on 6th August 2021 by RCEM

- Lack of primary care access (fewer face to face)
- Rise of phone first services e.g. NHS 111 (more streaming to ED)
- Mental illness (rise in illness but fall in access)
- Elective backlog (worsening conditions)
- Young people (more severe infections post pandemic)

We are experiencing record numbers of A&E attendances.


Past initiatives designed and led principally by secondary care have attempted to reduce burden on A&E with marginal success:

- Re-directing patients in A&E to other clinical services
- GP triage within A&E
- Post admission education and creating alternative pathways

Historically, presumptions around high attendances due to primary care have included:

- Patients unable to contact their GP
- Lack of GP appointments
- Patients not wanting to wait to see a GP
- Patients feeling that ED offers a more thorough assessment

However, Primary Care has evolved and digitised significantly during the pandemic - such that it has never been easier to access a primary care clinician.

Method	Reflections
<p>Using the Transfers of Care Notification Report embedded in Connected Care (Shared Care Record) I could identify patients from our practice waiting in the ED department, in real-time and reach out to them.</p>  <p>I called them, determined what they were there for and whether we could bring them back to primary care.</p> <p>I left voicemails and text messages asking those who didn't respond to our phone call to respond to the clinician directly using accuRx, bypassing the practice phone lines.</p> <p>All patients were sent text messages with links to e-consult.</p> <p>For those patients we couldn't contact/ didn't respond, discharge letters were audited to determine appropriateness of attendances and admissions.</p>	<p>The initial pilot phase was very much me by myself logging into connected care in the same way I would log into my email account first thing in the morning.</p> <p>Between patients as well as checking for important clinical emails, I was checking the ED TCN to see which of my patients were in ED.</p> <p>As the initial pilot progressed I became quicker at working out why a patient was in ED using access to the hospital system, and therefore only contacting those patients when</p> <ul style="list-style-type: none"> I did not understand what they presented with (and therefore unsure if their attendance was clinically appropriate) or If I felt their attendance was clinically inappropriate and therefore could potentially redirect them and definitely educate them. <p>During my pilot I used an Excel spreadsheet to capture my activity which was a cumbersome and inefficient process.</p> <p style="text-align: center;">*</p> <p>I spent time reflecting on my learning from the initial pilot and used it to inform the development of a standard operating procedure with digital tools configured to streamline and monitor the model.</p>

Set up	Workshops	Monitoring + Support	Reflections
Getting traction.	Expanding the pilot – 16 Slough practices with a total population of 160,000 patients.		
<ul style="list-style-type: none">Mark Sellman, Chief information Officer Frimley ICB, was supportive from day one and instrumental in directing me to meetings and forums to share what had been done and promote an expansion, including opportunities to present at a NHS Frimley digital/ population health management event as well as at an NHS England South East regional urgent care event.A meeting with Sam Burrows Chief Transformation & Digital Officer for NHS Frimley ICB who recognised the potential of expanding the project to improve patient care, patient education and support ED, led to the allocation of resources to expand the pilot across Slough to March 2023.	<ul style="list-style-type: none">Working closely with the ICB Slough place team and the Slough Locality Director Sangeeta Saran, we approached Slough practice clinical leads to request their involvement in the expansion of the pilot.The first presentation to the clinical practice leads was at our monthly meeting and was an overwhelming success - with all incredibly supportive of the project and keen to participate.After this I ran workshops with the support of the Connected Care team, CSU and Slough place team. We took the practices through the details of:<ul style="list-style-type: none">obtaining access to Connected Carenavigating the pageimporting and using the EMIS templateand the use of AccuRx.Most importantly - I walked them through the clinical SOP.	<ul style="list-style-type: none">Although every practice signed up quickly it took some practices some time to start. With the Connected Care Team, we developed a report which allows us to monitor progress. We can review the number of patients being assessed so could see which practices were engaging and which needed support.I worked with these practices individually to support them.<ul style="list-style-type: none">Some required another demonstration of the technology and a conversation around my clinical thought process when reviewing the patients (key was for them to understand this was not prescriptive but required the use of their own hard-earned and invaluable clinical judgement).Others needed a reminder that by simply logging on and validating each attendance they could ensure a degree of quality control over their own patient access.Some just needed time.I've continued to keep the project alive by creating WhatsApp groups with the clinicians involved to share learning, experiences and data.At each monthly Slough clinical leads meeting I have been given a slot to discuss issues and progress.	<ul style="list-style-type: none">After the initial pilot at my practice, it took several months of presenting the data to various clinical leads to get traction.There are several clinical leads in Slough who have dedicated their career (some would say a lifetime) to their patients.Some have been part of earlier pilots over the years that involved them seeing their own patients in ED - with one GP clinical lead describing sit in his car waiting for his patients to attend ED so he could see them when they arrived.Despite years of working to reduce ED attendances none of them were disillusioned with the NHS and all shared my passion about the use of technology to validate ED attendances in real-time and redirect appropriate patients back to their own practices.It felt as if many of the GPs had been waiting for this technology to arrive and it was the lack of technology that had stopped them doing this in the past not the lack of enthusiasm.Practices who needed support with the adoption of the new model had understandable reasons for the delay:<ul style="list-style-type: none">Staffing issuesStruggling with the ITJust lacking the head-space to implement anything new (despite initial enthusiasm) due to increasing day-to-day pressure.

- I spent time reflecting on my learning from the initial pilot and used it to develop a clinical Standard Operating Procedure (SOP) for those practices wanting to sign up to the now larger-scale pilot.
 - Working with the CSU team, we developed an EMIS clinical template that could easily be imported into the practice's EMIS system so that the clinician reviewing the ED patient can now record the encounter/consultation directly into the system and have this automatically coded.
 - The EMIS coding can then be used by Connected Care to extract the data from the pilots for monitoring and evaluation.
 - With the ICB communications team, we worked to ensure that the educational text message sent out included a link to a NHS Frimley website with information for patients about accessing healthcare appropriately.
 - After my initial pilot, I continued to work with the Connected Care team to develop the **Transfers of Care Notification Report** to include more than just names and NHS numbers. I felt it would be helpful if we could also see:
 - Segmentation criteria
 - Date of Birth
 - Presenting Complaint
 - Telephone number which was given to ED
- Allowing decisions about appropriateness of attendance and patient contact to be made more quickly.
- This data was made visible in the updated ED dashboard before wider rollout.
- Since then, we've recognised the need to notify practices when they've a patient waiting in ED and are setting up email notifications to prompt them to look at the report.

TRANSFER OF CARE NOTIFICATIONS

54 42 7 1

10/10/2023 15:52

Name	Address	Phone Number	GP Practice Name	Notification Type	A&E Arrival Date	Attendance Reason	Location	A&E Tendency
Mr. John Smith	123 Main St, London	020 1234 5678	St. Mary's Hospital	In A&E/ED	10/10/2023 14:30	Aspiration	Wexham Emergency	Frimley Health
Ms. Jane Doe	456 High St, London	020 9876 5432	St. Mary's Hospital	In A&E/ED	10/10/2023 15:00	Abdominal Pain	Wexham Emergency	Frimley Health
Mr. David Brown	789 Park St, London	020 5555 1234	St. Mary's Hospital	In A&E/ED	10/10/2023 15:30	Vomiting	Frimley Health	Frimley Health
Ms. Sarah White	101 Queen St, London	020 2222 3333	St. Mary's Hospital	In A&E/ED	10/10/2023 16:00	Dizziness	Wexham Emergency	Frimley Health
Mr. Robert Black	202 King St, London	020 3333 4444	St. Mary's Hospital	In A&E/ED	10/10/2023 16:30	Short of Breath	Wexham Emergency	Frimley Health
Ms. Emily Green	303 Queen St, London	020 4444 5555	St. Mary's Hospital	In A&E/ED	10/10/2023 17:00	Personal problem	ED	Royal Berkshire NHS Foundation Trust (RBF)
Mr. James Grey	404 King St, London	020 5555 6666	St. Mary's Hospital	In A&E/ED	10/10/2023 17:30	Unwell	ED	Royal Berkshire NHS Foundation Trust (RBF)
Ms. Lisa Black	505 Queen St, London	020 6666 7777	St. Mary's Hospital	In A&E/ED	10/10/2023 18:00	Diarrhoea	Wexham Emergency	Frimley Health
Mr. Tom White	606 King St, London	020 7777 8888	St. Mary's Hospital	In A&E/ED	10/10/2023 18:30	Unwell	Wexham Emergency	Frimley Health
Ms. Anna Brown	707 Queen St, London	020 8888 9999	St. Mary's Hospital	In A&E/ED	10/10/2023 19:00	Chest Pain/Problem	ED	Royal Berkshire NHS Foundation Trust (RBF)

TRANSFER OF CARE A&E NOTIFICATIONS

10K 193

TOTAL NOTIFICATIONS PATIENTS IN A&E

Please see Alert Details for info

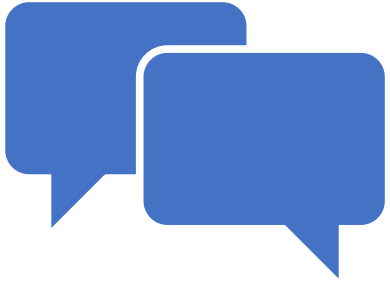
Health Segment (H ACQ)	Flag	NHS Number	Name	Phone Number	GP Practice Name	Notification Type	A&E Arrival Date	Attendance Reason	Location	A&E Tendency
No segment		001 000 000	Mr. John Smith	020 1234 5678	St. Mary's Hospital	In A&E/ED	10/10/2023 14:30	Aspiration	Wexham Emergency	Frimley Health
Long Term Conditions		001 000 001	Ms. Jane Doe	020 9876 5432	St. Mary's Hospital	In A&E/ED	10/10/2023 15:00	Abdominal Pain	Wexham Emergency	Frimley Health
Complexity of Mx		001 000 002	Mr. David Brown	020 5555 1234	St. Mary's Hospital	In A&E/ED	10/10/2023 15:30	Vomiting	Frimley Health	Frimley Health
No segment		001 000 003	Ms. Sarah White	020 2222 3333	St. Mary's Hospital	In A&E/ED	10/10/2023 16:00	Dizziness	Wexham Emergency	Frimley Health
Long Term Conditions		001 000 004	Mr. Robert Black	020 3333 4444	St. Mary's Hospital	In A&E/ED	10/10/2023 16:30	Short of Breath	Wexham Emergency	Frimley Health
Complexity of Mx		001 000 005	Ms. Emily Green	020 4444 5555	St. Mary's Hospital	In A&E/ED	10/10/2023 17:00	Personal problem	ED	Royal Berkshire NHS Foundation Trust (RBF)
Complexity of Mx		001 000 006	Mr. James Grey	020 5555 6666	St. Mary's Hospital	In A&E/ED	10/10/2023 17:30	Unwell	ED	Royal Berkshire NHS Foundation Trust (RBF)
No segment		001 000 007	Ms. Lisa Black	020 6666 7777	St. Mary's Hospital	In A&E/ED	10/10/2023 18:00	Diarrhoea	Wexham Emergency	Frimley Health
No segment		001 000 008	Mr. Tom White	020 7777 8888	St. Mary's Hospital	In A&E/ED	10/10/2023 18:30	Unwell	Wexham Emergency	Frimley Health
Long Term Conditions		001 000 009	Ms. Anna Brown	020 8888 9999	St. Mary's Hospital	In A&E/ED	10/10/2023 19:00	Chest Pain/Problem	ED	Royal Berkshire NHS Foundation Trust (RBF)
Total										

Run by: jh@graphnet.com on 10/10/2023 15:52 V1.34

Graphnet

Initial Pilot JULY 22	<p>Over 2.5 weeks</p> <ul style="list-style-type: none"> • 25 patients were contacted in ED • 40% of patients were contacted directly • 16% of patients were pulled out of ED • 8% of patients were sent to ED by us • 60% of patients had appropriate attendances • 28% of patients had an inappropriate attendance
Expansion as @ 16 JANUARY 2023	<p>Recruitment to date: 13 practices across 4 PCNs are actively applying model (3=Oct, 4=Nov, 5=Dec, 1=Jan)</p> <p>Total Number of reviews = 634</p> <p># of inappropriate attendances = 97</p> <p># pulled out = 41</p> <p><i>% of inappropriate attendances converted to GP review = 42%</i></p> <p><i>% of inappropriate attendances in receipt of educational text message = 90%</i></p>
Lessons Learnt so far...	<p>Lessons Learnt so far...</p> <ul style="list-style-type: none"> • Practices with a seasoned GP leading the work are achieving the greatest success. • Continuity of care has been identified as a strong incentive and desired outcome by both patients and clinicians.
Benefits	<ul style="list-style-type: none"> • Reduce the number of patients inappropriately attending ED • Improve primary care-patient rapport and GP knowledge about the patient - continuity of care • Opportunity to educate patients on appropriate use of services

Testimonials



Kanwal Stolworthy, Transformation Director, Graphnet Health

"Bharan's dedication to his profession, passion for innovation and willingness to push the boundaries is inspirational. It's been a privilege working with him, to help him and the ICS achieve and exceed their ambitions".

Mark Sellman, Chief Information Officer, Frimley ICB

"Bharan has been visionary leader in the adoption of digitally enabled transformation. Primary care and the wider health system is under huge pressure and he has worked with technology partners, the Frimley Connected Care programme and other practices to improve patient outcomes, whilst increasing efficiency. Not content with significantly improving patient outcomes in his PCN, he has been a champion of digital transformation and is part of a movement to deliver innovations across our ICS. It has been a privilege to work with Bharan and his drive, dedication and innovation have inspired many in our ICS and beyond."

Mr M, Patient at Bharani Medical Centre

"I arrived at A&E and was told the wait time was 6 hours. I was surprised when, 20 minutes after arriving, my phone rang and my GP was on the other end of the line. I was asked a few questions and then offered an appointment to see the GP within the next hour. It felt as though the technology and computer systems used were truly joined up to care about my health"

Neil Dardis, Chief Executive, Frimley Health NHS Foundation Trust

"One of the new platforms for us to work together is through our 'Provider Collaborative' which I chair. It means we at Frimley Health can work directly with other providers from primary, community and mental health services to create better models of care. Among great recent examples are Slough GPs who are using data systems and our new EPR to contact their patients when they are waiting in our emergency departments to offer them alternative services.

We will only succeed if every part of the health and care system succeeds, that is why collaborating with our partners is at the heart of our strategy Our Future FHFT."

CEOs Weekly Blog: 2nd December 2022