OPTICA

Patient discharge optimisation

An NHS England Product

Rewired
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The challenge

- Patients were experiencing an **inconsistent, convoluted and inefficient discharge process** which often led to:

  - Unnecessary waiting time in acute beds

  - Long waits to access community services

  - Consuming valuable hospital capacity that could be used for elective recovery

  - Avoidable deterioration of patient health.

- Rapid discharges with delayed assessment, whilst necessary during the pandemic, shifted the problem downstream with more delays occurring in community settings. Post pandemic this shifted back.

  - Teams are unable to see where patients are at a given time in the process and what the next action should be and who should be owning it, leading to further inefficiency, confusion and avoidable costs.

- **Limited integration between health and social care** which hindered our collectively ability to effectively co-manage patients and this led to potential confusion around responsibility:

  - **Data was disparate** and not readily available or in one place to support decision-makers

  - **Communication was manual** and ad-hoc (lots of paperwork, emails, phone calls etc.)

- **Delayed discharges** from both acute and community settings **consumed valuable NHS capacity and impacted on flow at front of house**.

- NHS and Social Care teams **didn't have enough visibility** into upcoming discharges, so it was hard for us to assess the volume of patients coming through and prepare accordingly.

- Several other barriers adversely impacted on flow out of hospital, including transportation and medication not being arranged in time.

Missed opportunities

- Nationally, **366,856 patients** with a LoS of 21+days were unnecessarily delayed / no longer met the criteria to reside. The total delay for these patients was **5.57 million days.**

  - 273,581 patients **(74.66%)** were delayed waiting for a P1 – P3 pathway
  - 92,860 patients **(25.34%)** were delayed for some other reason - principally internal hospital processes

- The missed opportunity cost of these delayed days was **£2.2 billion*** based on an assumed **£395 per hospital Excess Bed Day** (Kings Fund research). *Direct costs of delayed discharges*

- If all Trusts realised this one benefit reduction, over **2 million delay days per year** could be saved, to treat patients entering hospital via an elective or urgent care pathway. This is an equivalent saving of more than **£785m.**

- The **10 Trusts** with the highest number of delay days in England account for **35%** of these potential savings. In total **728,000 days could be saved, equivalent to £286m missed opportunity cost**

The solution - OPTICA Dynamic Discharge

- OPTICA is an application built by NECS and NTHFT on the Foundry platform that **tracks all admitted patients and the tasks** relating to their discharge **in real-time** through their hospital journey.

- Fully **integrated with hospital electronic patient records, other health data systems** to ensure relevant information related to discharge is available to clinical teams and leaders in one place. The **automated dataflows** can be **easily augmented** with updates from operational teams.

- Drives an **efficient, shared way of working for health and social care teams** providing actionable intelligence to help care teams properly plan for timely discharges, helping ensure avoidable delays leaving hospital are kept to a minimum and hospital beds aren't unnecessarily occupied.

- Enables the MDTs to **easily understand** exactly where discharges from hospital are being avoidably delayed, for how long, why, who's responsible and attaches a proxy indication of missed opportunity cost to the organisation.

- Provides **operational grip** (workflows) and **organisational grip** (comprehensive reporting and analytics)

- Helps organisations to minimise **missed opportunities** and get patients home when discharge ready.

OPTICA Discharge Optimisation solution

Built by the NHS and social care MDTs for NHS and social care

Care Coordination (ICS)

OPTICA

Acute	**Community** (piloting with HNY and NT&H)	**Mental Health** (PoC commenced)

Improved Efficiency:

- Better use of MDT Time 7 days per week
- Minimise the need for supplementary data capture
- Less time spent on establishing status of tasks
- Supports bed management meetings.

Improved Collaboration:

- Integration with NHS and council data systems
- Shared Real Time Discharge Plan
- Streamlined discharge processes
- Increased visibility and tracking of which patients don't meet C2R for targeted intervention
- Shared visibility of reasons for blocked discharges, who's got ownership of the blockages and which patients are being impacted.

Improved Performance:

- Maximising bed capacity by minimising avoidable LoS
- Improved patient experience through Sustained reduction in average LoS
- Better patient flow releases capacity to take more medical diverts to support neighbouring Trusts
- Can support ICB oversight and Admission Avoidance.

Better Insights. Better Decisions. Better Health.

OPTICA:
Tracking all discharge interventions that could cause a delay

ADMISSION

Therapy Assessment required

Transport Assessment required

MDT decision required

Mental health capacity assessment required

COVID Swab required

Discharge medications dispensed

Discharge letter required

Service provision Pathway 2 – confirmation required

Transport to be arranged

Medical review required

Data rich upstream but relatively data poor for discharges

Locally defined discharge tasks are mapped in the background to national delay codes for automated production of weekly NHSE SitRep

DISCHARGE

Home

Hospice

Care Home

Community Service
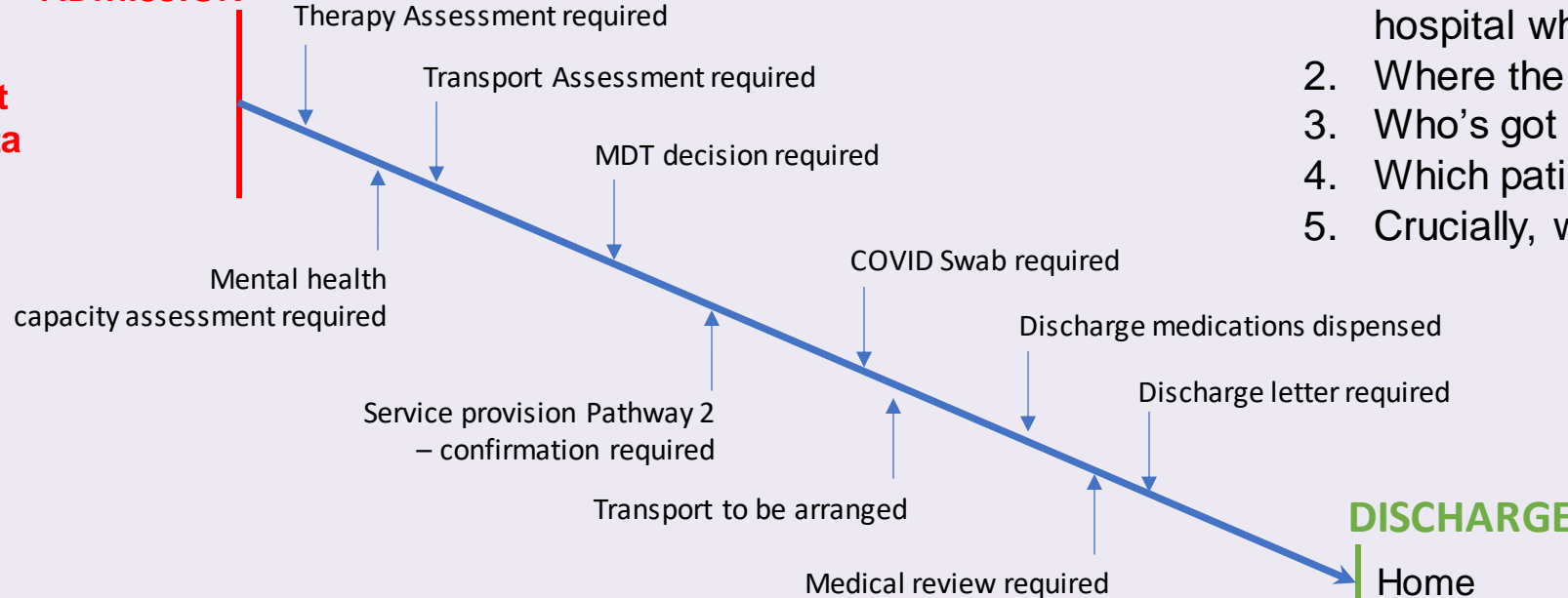
Helps discharge teams to quickly identify:
1. Tasks preventing patients from leaving hospital who don't meet the criteria to reside
2. Where the blockages are
3. Who's got ownership of the blockages
4. Which patients are being impacted
5. Crucially, where to focus their resources.

Maximising bed capacity, minimising avoidable delays

- Reduce avoidable delays to discharge once the patient no longer meets the criteria to reside

- Increase visibility into discharge pipeline to enable better discharge planning

Improved sharing of information between Health and Social Care

- Brings relevant NHS and social care data relating to discharges together and transparently in one place

- Enables joint collaboration at patient level

- Interoperable with existing local tools & systems

- Automated production of national SitReps

- Builds on relationships

Ownership of blockages actionable intelligence

- Overview reports, enabling management and clinical teams to quickly identify where the problems are and what needs to be done

- Transparent patient tracking and discharge performance from organisation level to patient level

Use of workforce

- Significantly streamlined processes, saves discharge teams time managing the Discharge PTL (DPTL).

- Minimises manual and time-consuming back-and-forth over phone, email or through spreadsheets.

- Clear view of where discharges are being unnecessarily delayed, how long, why, who's responsible and missed opportunity cost of delayed discharges.

Patients are discharged into the *right* place of care with the *right* level of support as *early* as possible

- Minimise delays getting patients into the right care setting.

- Reduced risk of hospital deconditioning / falls / hospital acquired infections.

- Improved patient experience and outcomes.

Using OPTICA to optimise our discharge pathways at North Tees

- Information from OPTICA enabled us to rethink how we structured our discharge team based on the workload.

- Introduced it incrementally to gain confidence, initially with the key members of the discharge team.

- Extended OPTICA to the wider Flow team.

- Then granted access to the Local Authority.

- Everyone aware of who needed to do what and by when:

  - MDTs are much more efficient because we could focus on overdue tasks and discussing the care requirements rather than establishing information about patients

  - Pause processes for patients who meet the C2R.

- 'Patient Process Facilitators' on key medical / surgical wards updated OPTICA from a ward perspective.

- OPTICA enabled us to minimize administrative burden previously required to maintain spreadsheets and chase local authorities and wards for information.

- Reinvested process efficiency savings into transport scheduling, trusted assessors etc.

- Provided Trust Board assurance.

Tracking patient discharges

Moving from the old way of tracing patient discharges using **Excel and other paper-based systems**

Tracking patient discharges

To the new **OPTICA Cloud Based solution**

Benefits realisation at North Tees & Hartlepool FT

OPTICA

NHS North Tees and Hartlepool NHS Foundation Trust

Better patient flow resulting in better bed utilisation to support emergency / elective pressures

More efficient use of MDT staff time

Improved NHS and Social Care collaboration

Increased system resilience by accommodating more medical diverts

Reduction in average length of stay and in avoidable delay days

Improved Patient Experience – less exposure to infections, go home with minimum delay

50% fewer patients occupy a hospital bed for 21 days or more compared with the England average

£75K efficiency savings due to improved discharge processes

36% reduction in the average number of delay days for patients with a length of stay of 21+ days

25% reduction in long length of stay patients within 2 months of implementing OPTICA

43% fewer beds occupied by patients with a Length of stay of 14+ days compared to the national averages

Metrics correct as of March 2023

OPTICA Timeline

February 22 – OPTICA deployed and piloted in North Tees & Hartlepool NHS Foundation Trust

October 22 – Following a successful pilot, OPTICA was piloted in a further 15 Trusts:

Chelsea & Westminster	Imperial
Chesterfield	London North West
Countess of Chester	Newcastle
County Durham & Darlington	North Tees
Derby & Burton	South Tees
Gateshead	South Tyneside & Sunderland
Hillingdon	Southport & Ormskirk
Hull	

November 23 – OPTICA is rolled out to a further 4 Trusts

Harrogate	Norfolk & Norwich
James Paget	Queen Elizabeth Hospital King's Lynn

December 23 – NECS, part of the BOC consortium, are selected to help the NHS deliver FDP. OPTICA, which is built on Foundry, is a core national product offered to Trusts as part of the FDP, alongside CCS (IECCP/OP/RTT).
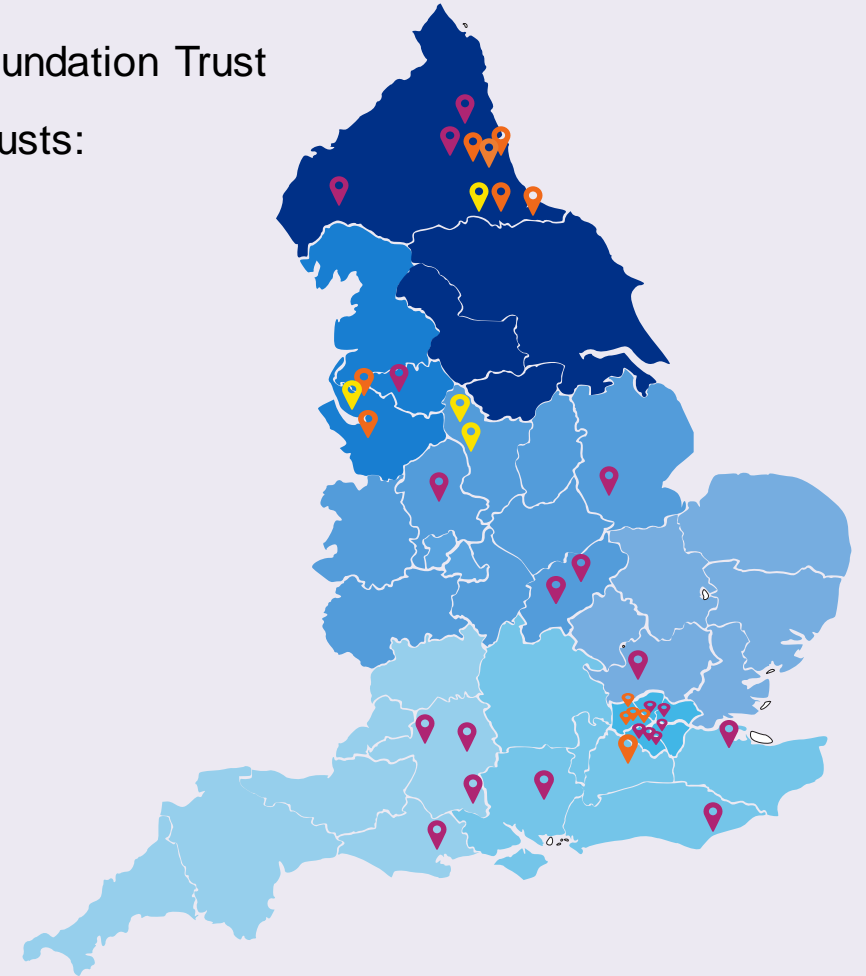
Appendices

Better insights. Better decisions. Better health.

OPTICA benefits

Better insights. Better decisions. Better health.

Liverpool Hospitals FT staff feedback

- "The ward staff love OPTICA, everybody wants to have a go, even the Drs are coming and asking how they can get a log in so they can have a go too."

- "OPTICA allows the staff to do their jobs more effectively, it allows them to find potential discharges as you can see them in OPTICA and ward staff have more power over decisions, which they like."

- "Spending time engaging with the teams is really important as this meant that we didn't get pushback, OPTICA is not about blame, it is about support and evidence of gaps in services."

- "The biggest challenge to hospital discharges, remains capacity within the community."

- "Demonstrating the system from a job role perspective really brings the system to life."

- "OPTICA gives everyone a better overview, demonstrates who is doing what and who is responsible for what and what they can do to support the action."

- "Staff will start to take responsibility and hold each other to account which should drive improvement and reduce complaints."

Chelsea & Westminster Hospital FT benefits qualitative feedback

New capabilities
1. Visibility and access to the pathway by key stakeholders (Trust and Local Authority)
2. Single Version of the Truth between NHS and Local Authorities
3. Real-time information and actionable intelligence
4. Streamlined discharge process
5. Better use of MDT time focusing on solving the problem, not chasing updates
6. Improved clinical governance and information governance.

Impact (work underway to quantify)
1. Reduced LoS
2. Improved timely care and reduction inn delays to patient discharges
3. Improved communication between teams throughout the Trust and within external partners
4. Provides complete, clean discharge PTL for collaboration in multi-agency MDTs
5. A full breakdown of the Trust admission and discharge position
6. Visibility of pathways as well as planned discharges over the next 72hrs
7. Highlights patients which are stranded (7+days LoS) and super-stranded (21+ days LoS), Discharge Ready Date
8. Data rich reports.

About NECS

Better insights. Better decisions. Better health.

About NHS North of England Care Support (NECS)

- We are one of four care system support organisations - part of NHS England

- Launched in April 2013 – merging of Primary Care Trust teams from across the North East and Cumbria

- Head Office in Durham with offices across England:

• Newcastle	• Sheffield
• London	• Derby
• Preston	• Cambridge
• Chester	• Ipswich
• Cumbria	• Suffolk
• Leeds	• Kent
• Hull	

Consultancy services

- Population Health Management
- Research and evidence
- Consultancy
  - Information governance
  - Project management
  - Strategy
  - Transformation
  - Digital
  - Analytics
  - People
  - Response
- NECS International

Managed services

-
- Continuous Improvement
- Communications and Engagement
- Design
- Commissioning and Delivery
- Elective services
- Data and Intelligence
- Finance
- Governance
- People and Organisational Development
- Clinical support
  - Medicines Optimisation
  - All Age Continuing Care
  - Surge Management
  - Cervical Screening Administration Service
- Clinical Quality
- PMO
  - Health and Justice
  - Digital Transformation and Optimisation
- IT services
- Procurement and Contracting

Digital solutions

Capacity Tracker	RAIDR	SMART	AXYM
OPTICA	Check+	UEC-RAIDR	Disclose
DeskSmart	Workforce	View DSR	View S117

About NECS
Some of our national services

- NECS runs the national call and recall service for England
- Major CSAS service transition from Capita and improvement programme
- NECS provides commissioning data services to 42% of England
- RAIDR underpins the National Elective Care Dashboard
- NECS developed the NHS 'myplannedcare' website
- NECS currently runs the Programme Management Offices for procurements of the national Integrated Single Finance Environment (ISFE) and the national Federated Data Platform (FDP)
- NECS Capacity Tracker is commissioned by DHSC and NHSE and is actively used by 15,000 care homes, 11,000 home care providers and 257 community rehab providers
- NECS runs the national Capacity Planning and Monitoring System for finding Children and Young Person's Mental Health Service capacity
- NECS is running the PMO for the national Commercial Efficiency and Optimisation Programme
- NECS provides ICT desktop support to all NHSE employees