

A graphic element for the OPTICA logo, consisting of seven short, thick, colored lines radiating from the left side of the word 'OPTICA'. The colors from top to bottom are yellow, orange, green, pink, blue, and purple.

OPTICA

Patient discharge optimisation

An NHS England Product

Rewired
13 March 2024

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- 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.

- 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.

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.



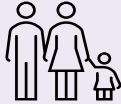
Improved Collaboration:

- 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.



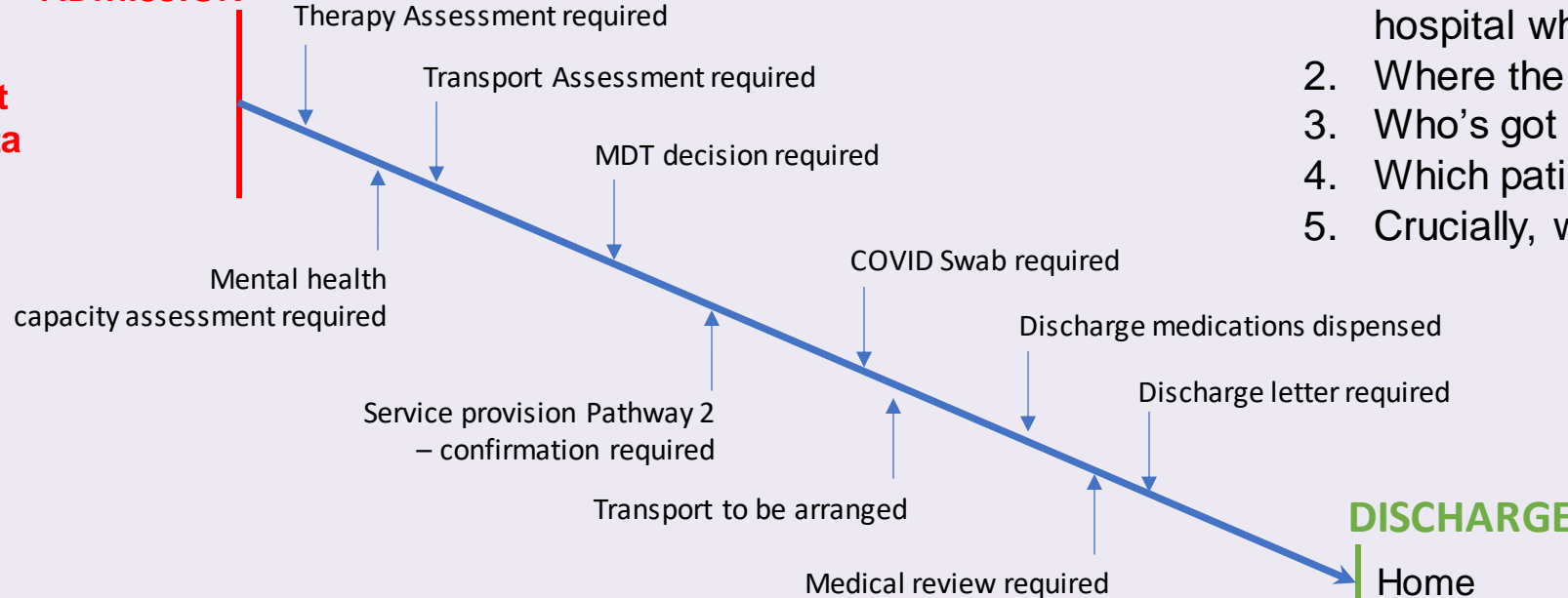
Improved Performance:

- 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 divers to support neighbouring Trusts
- Can support ICB oversight and Admission Avoidance.



ADMISSION

Data rich upstream but relatively data poor for discharges



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.

DISCHARGE

- Home
- Hospice
- Care Home
- Community Service

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

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.

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

| Patient Demographics | | | | In Patient Status | | | | | | Covid Status | | Discharge Information | | | |
|----------------------|--------------|----------|------------|-------------------|------|-------------------|--|--|--------------------------------------|--|--------------------------|-----------------------|----------|-----------------------|--|
| Name | NHS No / CHI | DOB | Locality | Admission Date | Ward | Medically fit %/1 | Date patient doesn't meet criteria to reside | Time from patient not meeting criteria to reside (no. of days) | Assessment justification last (date) | Assessment justification update (date) | Covid Status (Test Date) | Current Covid Status | PDO | Care Manager | Variable (free text) |
| | | 16.08.41 | Hartlepool | 11.01.21 | 41 | Yes | 18.01.21 | 0 | | | 18.01.21 | Positive | 18.01.21 | Janah Beahy | 18.01.21 Awaiting paperwork for red pathway 18.01.21 NMP 18.01.21 NMP 18.01.21 NMP 7 Gtwin short stay bed 18.01.21 7 discharge 18.01.21 to WVL Care to check target weekly 7 return NMP Redpathway paperwork sent 18.01.21 NMP waiting blood results and review from consultant |
| | | 23.04.98 | Hartlepool | 10.11.21 | 41 | Yes | | | | | | Resolved | | Julie Winship | 17.01.21 red pathway 7 Haskelgate first 18.01.21 Julie W to speak with wife regarding adaptations 18.01.21 NMP 18.01.21 Awaiting MCT / alternative placement Julie has asked to ring family 18.01.21 Haskelgate declined asked 18.01.21 NMP viable for red pathway family would like to return 18.01.21 m/red pathway paperwork sent 18.01.21 NMP waiting appropriate placement 18.01.21 waiting placement 7 check orange 18.01.21 |
| | | 22.08.34 | Hartlepool | 01.01.21 | 18 | Yes | 18.01.21 | 1 | 18.01.21 | | 18.01.21 | Positive | | A | 18.01.21 TA assessment bed 18.01.21 Awaiting placement mattress/bed reid season mat 11.01.21 11.01.21 For discharge to season hat today pending equipment Laura Taylor saying season hat not happy to take with a contract 18.01.21 WVL today 18.01.21 for discharge 18.01.21 needs equipment want view keeping bed off Monday 18.01.21 NMP positive covid test |
| | | 08.02.42 | Hartlepool | 15.02.21 | 12 | Yes | 20.01.21 | 1 | | | 18.01.21 | Negative | | | 18.01.21 Awaiting paperwork 18.01.21 NMP 18.01.21 NMP 18.01.21 NMP 18.01.21 NMP waiting blood 18.01.21 on day not therapy info |
| | | 21.06.34 | Hartlepool | 18.01.21 | 18 | Yes | 18.01.21 | 1 | 18.01.21 | | 18.01.21 | Positive | | | 18.01.21 increase care package 11.01.21 CPA checking plan notes waits looking at 11.01.21 CPA are checking and will let us know physio giving update 18.01.21 waiting package care 18.01.21 NMP waiting info updates not therapy info for home |
| | | 1.11.21 | Hartlepool | 08.01.21 | 18 | Yes | 18.01.21 | 1 | | | 18.01.21 | Positive | | | 18.01.21 Awaiting paperwork for an bed therapy were speaking to family 18.01.21 NMP behaviour charts spent to family look to 7-1 18.01.21 NMP paperwork to be sent and kept to follow 18.01.21 waiting placement form 18.01.21 waiting appropriate assessment |
| | | 14.03.44 | Hartlepool | 08.12.20 | 18 | Yes | 18.01.21 | 1 | 18.01.21 | | 02.01.21 | Resolved | | | 18.01.21 For an a/c house bed not available at present SPC will review 11.01.21 no beds at hospital 18.01.21 Awaiting a hospice bed 18.01.21 waiting bed at home review 18.01.21 waiting bed at home |
| | | 24.07.44 | Hartlepool | 07.01.21 | 18 | Yes | 18.01.21 | 1 | | | 08.01.21 | Positive | | Designated Safety Net | 18.01.21 Awaiting paperwork assessment bed 11.01.21 NMP 18.01.21 NMP 18.01.21 NMP risk 18.01.21 NMP asking temp risk |
| | | 10.08.38 | Hartlepool | 10.02.20 | 41 | Yes | 20.01.21 | 1 | 20.01.21 | | 04.01.21 | CONFIRMED | | A | 18.01.21 assessment bed 18.01.21 NMP 18.01.21 NMP for assessment bed Sarah home looking for bed. Care notes to look NMP and will let us know the plan 18.01.21 NMP 18.01.21 NMP risk |
| | | 28.03.47 | Hartlepool | 18.01.21 | 12 | Yes | 20.01.21 | 1 | 20.01.21 | | 18.01.21 | Negative | | | 18.01.21 waiting short stay discharge bed 18.01.21 WAITING APPROPRIATE PLACEMENT |
| | | 11.03.34 | Hartlepool | 14.10.20 | 17 | Yes | 11.01.21 | 1 | 11.01.21 | | 18.01.21 | Negative | 18.01.21 | | 18.01.21 Care package holidays at home 18.01.21 Discharge home with POC today 18.01.21 paperwork sent for assessment bed 18.01.21 waiting placement for wetside edge 18.01.21 |
| | | 01.02.38 | Hartlepool | 17.02.21 | 41 | Yes | 22.01.21 | 1 | 22.01.21 | | 22.01.21 | Negative | | A | 18.01.21 NMP for blood transfusion paperwork to record when med fit |
| | | 10.08.31 | Hartlepool | 10.12.20 | 41 | Yes | 22.01.21 | 1 | 22.01.21 | | 18.01.21 | Resolved | 18.01.21 | | 18.01.21 waiting rapid response to assess prior to discharge to wait view edge 18.01.21 for discharge today |
| | | 28.03.30 | Hartlepool | 08.01.21 | 28 | Yes | 22.01.21 | 1 | 22.01.21 | | 18.01.21 | Positive | 18.01.21 | A | 18.01.21 Awaiting assessment bed 18.01.21 waiting assessment bed allocation 18.01.21 covid positive discharge to wetside edge cancelled |
| | | 13.03.48 | Hartlepool | 17.02.21 | 41 | Yes | 22.01.21 | 1 | 22.01.21 | | | Negative | | A | 18.01.21 Awaiting rehab bed allocation 18.01.21 waiting bed allocation 18.01.21 waiting rehab placement NMP |
| | | 09.01.33 | Hartlepool | 14.02.21 | 41 | Yes | 22.01.21 | 1 | 22.01.21 | | 18.01.21 | Negative | | A | 18.01.21 for assessment bed 18.01.21 waiting placement 18.01.21 NMP waiting placement |
| | | 21.06.33 | Hartlepool | 17.01.21 | 38 | Yes | 18.01.21 | 1 | 18.01.21 | | | | | | |
| | | 16.08.41 | Hartlepool | 10.01.21 | 41 | Yes | 22.01.21 | 1 | 22.01.21 | | 18.01.21 | Positive | | | 18.01.21 bed pathway 18.01.21 waiting discharge destination |
| | | 10.01.37 | Hartlepool | 18.01.21 | 41 | Yes | 22.01.21 | 1 | 22.01.21 | | 18.01.21 | Negative | | | 18.01.21 waiting assessment bed 18.01.21 waiting assessment bed |
| | | 02.11 | Hartlepool | 08.01.21 | 33 | Yes | 22.01.21 | 1 | 22.01.21 | | 18.01.21 | Positive | | | 18.01.21 waiting assessment bed 18.01.21 paperwork request for assessment bed today sign health reviewed |
| | | 09.07.41 | Hartlepool | 21.02.21 | 38 | Yes | 22.01.21 | 1 | 22.01.21 | | 18.01.21 | Negative | | | 18.01.21 assessment bed waiting placement 18.01.21 NMP booked not opened 1 driver |
| | | 14.04.24 | Hartlepool | 21.01.21 | 14U | Yes | 18.01.21 | 1 | 18.01.21 | | 18.01.21 | Negative | 18.01.21 | | 18.01.21 for package care for discharge 18.01.21 Discharge to mitchel house today |

To the new
OPTICA
Cloud Based
solution

| Patient Name | Date of Birth | Admission Date | Ward | Meets Criteria To Receive | Planned Discharge Pathway | Sub-Pathway | Latest Checklist Task | Latest Checklist Task Notes | Assignee Group | Discharge Co-ordinator | Planned Discharge Destination | Planned Discharge Date |
|-------------------|---------------|----------------|----------------|---------------------------|---------------------------|---------------------------------|---|---|-----------------|------------------------|-------------------------------|------------------------|
| Conway, Jason | 29 Aug 1968 | 15 Nov 2022 | Ward 1 | No | Pathway 3 | Fast Track - Care Home Required | Overdue: Patient/Family dispute resolution required | Family due to attend 22/10 - cancelled now coming 25/10 | IDT | RB | Marys Centre Stratford | 15 Nov 2022 |
| Smith, Laura | 13 Sept 1953 | 15 Nov 2022 | Ward 9 | No | Pathway 2 | Rehabilitation Bed | Overdue: Repatriation transfer required | Dr X needs to be updated | ISPA | JM | Jonsnow Care | 17 Nov 2022 |
| Robles, Jodi | 25 Dec 1978 | 12 Nov 2022 | Ward 6 | No | Pathway 2 | Assessment Bed | Overdue: Service provision availability Pathway 2 | Bed requested, waiting for confirmation | Local Authority | RB | Jonsnow care | 16 Nov 2022 |
| Smith, Jessica | 7 Mar 2007 | 10 Nov 2022 | Ward 3 | No | Pathway 2 | Rehabilitation Bed | Overdue: Medical review required | Expected by EOO | Ward | MW | Petersville Home | 17 Nov 2022 |
| Williams, Lee | 17 Jul 2003 | 11 Nov 2022 | Ward 4 | No | Pathway 1 | Package of Care Increase | Complete: Equipment to be delivered | Paperwork sent | IDT | JM | Usual residence | 12 Nov 2022 |
| Olsen, Peter | 30 Jan 1942 | 15 Nov 2022 | Endoscopy Unit | No | Pathway 0 | Home No Support | Overdue: Discharge plan required | both sorting | IDT | EB | Usual residence | 14 Nov 2022 |
| Davenport, Maria | 2 Jan 1955 | 14 Nov 2022 | Ward 2 | No | Pathway 2 | Rehabilitation Bed | Overdue: Ward paperwork required | Request has been made | Other | RB | Gimble Rehab Centre | 15 Nov 2022 |
| Ray, James | 21 Jun 1960 | 11 Nov 2022 | Ward 1 | No | Pathway 3 | Designated Setting | Overdue: Covid swab required | COVID symptoms experienced | IDT | BT | Main St Care Home | 10 Nov 2022 |
| Baker, Kate | 25 Jul 1959 | 14 Nov 2022 | Ward 1 | No | Pathway 1 | Social Worker Allocation | Overdue: Awaiting diagnostic test | X ray results inconclusive - needs repeat booked for 1/11 | Other | LS | Star Residences | 12 Nov 2022 |
| Weaver, Jacob | 31 May 1989 | 11 Nov 2022 | Ward 7 | No | Pathway 2 | Rehabilitation Bed | Overdue: Covid swab required | Swab required | Ward | EB | Community Health | 9 Nov 2022 |
| Davenport, Alison | 12 Apr 1984 | 13 Nov 2022 | Ward 8 | No | Pathway 1 | Package of Care Restart | Complete: Discharge medications dispensed | Paperwork sent | ChC | LS | Community Home | 14 Nov 2022 |
| Rolz, Samuel | 20 May 1984 | 14 Nov 2022 | Ward 1 | No | Pathway 3 | Fast Track - Care Home Required | Overdue: Best interest decision required | family attending 4/11/22 | ChC | RB | Main St Care Home | 9 Nov 2022 |
| Hughes, John | 26 Apr 1955 | 13 Nov 2022 | Ward 1 | No | Pathway 2 | Designated Setting | Overdue: Service provision availability Pathway 2 | Serv provision in progress | Local Authority | EB | Jonsnow Care | 4 Nov 2022 |



Why has my patient not been discharged?



Immediately obvious to the MDT what's holding up the patient's discharge and who's responsible

Task Owners add their latest update to share with the MDT

If a Discharge Task relates to finding a care home placement, users can link directly to the NHS Capacity Tracker

Patient Overview
Hughes, John ☆
[OPTICA] Admission

Checklist Tasks Patient Details Status Updates Admission History Edit History

Show OPTICA tasks only Show only selected admission tasks

[Edit Checklist Task](#) [View History](#) [Add Discharge Checklist Task](#)

[Open CPMS](#) [Open Capacity Tracker](#)

| Task Stage | Status | Assignee Group | Assignee Details | Task Duration | Created At | Last Edited | Requires Immediate Action | Notes | Timestamp Overdue | Source | Admission Date | Admission Status | Discharge Date |
|---------------------------------|----------|-----------------|------------------|--------------------|--------------------|--------------------|---------------------------|----------------------------|--------------------|----------|----------------|------------------|----------------|
| Best interest decision required | Overdue | IDT | JM | 96 days, 19 hours | 6 Sept 2023, 14:42 | 30 Nov 2023, 11:44 | No value | MDT to Decide tomorrow | 8 Sept 2023, 14:42 | OPTICA | 11 Dec 2023 | Admitted | null |
| Service provision availability | Overdue | Local Authority | No value | 461 days, 22 hours | 6 Sept 2022, 11:39 | No value | No value | Serv provision in progress | 6 Sept 2022, 15:39 | No value | 11 Dec 2023 | Admitted | null |
| Best interest decision required | Complete | IDT | MS | 0 days, 0 hours | 23 Jan 2023, 16:28 | 23 Jan 2023, 16:33 | No value | Assessment complete | 23 Jan 2023, 20:28 | OPTICA | 11 Dec 2023 | Admitted | null |
| Medical review required | Complete | CCG | FG | 0 days, 0 hours | 18 Nov 2022, 11:13 | 18 Nov 2022, 11:16 | No | For review | 18 Nov 2022, 15:13 | No value | 11 Dec 2023 | Admitted | null |
| Therapy assessment | Complete | Other | Hannah Martin | | 6 Sept 2022, 11:38 | No value | No value | Confirm status | 1 Sept 2022, 15:37 | No value | 11 Dec 2023 | Admitted | null |
| Covid swab required | Complete | Other | Hannah Martin | | 6 Sept 2022, 11:38 | No value | No value | Confirm status | 6 Sept 2022, 15:38 | No value | 11 Dec 2023 | Admitted | null |



My tasks... for every patient... in one place?

See and update 'My Tasks' for every patient that I've got to do something for, in one place

Really quick and easy for users to update all Discharge Tasks on the fly

DPTL Admitted Patients Discharged Patients Bed Status DPTL Reports Checklist Tasks

| Patient Name | Date of Birth | Meets Criteria To Reside | Task Description | Notes | Last Edited | Created At | Status | Task Priority | Require Immediate Action | Assignee Details | Assignee Group | Discharge Pathway | Sub Pathway | Admission Status |
|--|-------------------|--------------------------|------------------------------------|-----------------------------------|-------------|--------------------|-------------|---------------|--------------------------|------------------|-----------------|-------------------|--------------------|------------------|
| <input type="checkbox"/> Barnes, Richard | Wed, Feb 16, 1983 | No | Medical review required | Waiting on placement confirmation | No value | 23 Oct 2023, 16:56 | Overdue | High | No value | EB | IDT | Pathway 2 | Hospice | Admitted |
| <input type="checkbox"/> Brady, Ralph | Thu, Oct 10, 1974 | No | Transport - to be arranged | Sent to A for assessment bed | No value | 13 Nov 2023, 21:48 | Overdue | High | No value | EB | ISPA | Pathway 2 | | Admitted |
| <input type="checkbox"/> Ellis, Michaela | Sat, Aug 22, 1970 | No | Transport - to be arranged | Paperwork sent | No value | 7 Nov 2023, 02:30 | Overdue | High | No value | EB | IDT | Unstated | | Admitted |
| <input type="checkbox"/> Ellis, Michaela | Sat, Aug 22, 1970 | No | Prescription required | Waiting on placement confirmation | No value | 3 Nov 2023, 03:44 | Overdue | High | No value | EB | CHC | Unstated | | Admitted |
| <input type="checkbox"/> Foster, Alan | Fri, Mar 23, 1984 | No | Discharge medications dispensed | Sent to A for assessment bed | No value | 4 Nov 2023, 21:51 | Overdue | High | No value | EB | ISPA | Pathway 3 | | Admitted |
| <input type="checkbox"/> Foster, Alan | Fri, Mar 23, 1984 | No | Therapy assessment required | Bloods scheduled for tomorrow | No value | 7 Nov 2023, 09:39 | Overdue | High | No value | EB | CCG | Pathway 3 | | Admitted |
| <input type="checkbox"/> Gomez, Salena | Mon, Aug 2, 1993 | No | Rapid response assessment required | Bloods scheduled for tomorrow | No value | 11 Dec 2023, 04:06 | Overdue | Low | No value | EB | CHC | Pathway 0 | | Admitted |
| <input type="checkbox"/> Gomez, Salena | Mon, Aug 2, 1993 | No | MDT decision required | Sent to A for assessment bed | No value | 14 Dec 2023, 20:09 | In Progress | No Alert | No value | EB | IDT | Pathway 0 | | Admitted |
| <input type="checkbox"/> Howard, Laura | Fri, Oct 3, 1980 | Yes | Ward TCH 1 | Paperwork sent | No value | 28 Oct 2023, 09:36 | Overdue | High | No value | EB | IDT | Pathway 3 | | Admitted |
| <input type="checkbox"/> Hughes, John | Tue, Apr 26, 1955 | No value | MDT decision required | Sent to A for assessment bed | No value | 13 Dec 2023, 13:17 | In Progress | No Alert | No value | EB | IDT | Pathway 0 | Homeless | Admitted |
| <input type="checkbox"/> Johnson, Jose | Sun, Oct 13, 1974 | No | Discharge letter required | Waiting on placement confirmation | No value | 6 Oct 2023, 01:12 | Overdue | High | No value | EB | CCG | Pathway 2 | | Admitted |
| <input type="checkbox"/> Johnson, Jose | Sun, Oct 13, 1974 | No | Covid swab required | Bloods scheduled for tomorrow | No value | 5 Oct 2023, 08:15 | Overdue | High | No value | EB | CHC | Pathway 2 | | Admitted |
| <input type="checkbox"/> Jones, Dale | Mon, Dec 23, 1963 | No | Rapid response assessment required | Sent to A for assessment bed | No value | 18 Oct 2023, 01:09 | Overdue | High | No value | EB | ISPA | Pathway 3 | Designated Setting | Admitted |
| <input type="checkbox"/> Lyons, Alexa | Fri, Mar 13, 1959 | No | Discharge medications dispensed | Awaiting paperwork from A | No value | 8 Nov 2023, 16:50 | Overdue | High | No value | EB | Local Authority | Pathway 1 | District Nursing | Admitted |
| <input type="checkbox"/> Lyons, Alexa | Fri, Mar 13, 1959 | No | Therapy assessment required | Awaiting paperwork from A | No value | 5 Nov 2023, 07:03 | Overdue | High | No value | EB | Local Authority | Pathway 1 | District Nursing | Admitted |
| <input type="checkbox"/> Marshall, Barbara | Sun, Jul 12, 1953 | No | Discharge medications dispensed | Paperwork sent | No value | 7 Nov 2023, 13:32 | Overdue | High | No value | EB | CHC | Pathway 2 | | Admitted |
| <input type="checkbox"/> Owens, Rick | Thu, Jan 15, 1970 | No | MDT decision required | Sent to A for assessment bed | No value | 7 Nov 2023, 18:30 | Overdue | High | No value | EB | ISPA | Pathway 2 | | Admitted |
| <input type="checkbox"/> Owens, Rick | Thu, Jan 15, 1970 | No | Therapy assessment required | Awaiting paperwork from A | No value | 6 Nov 2023, 12:42 | Overdue | High | No value | EB | ISPA | Pathway 2 | | Admitted |

[Edit table](#)



Bed capacity management



DPTL [Admitted Patients](#) [Discharged Patients](#) [Bed Status](#) [DPTL Reports](#) [Checklist Tasks](#)

Metrics

| | | | | | | |
|-----------|-----------------|------------------------|--------------------|-----------------------|----------------|----------------|
| Core Beds | Additional Beds | Out Of Commission Beds | Total Useable Beds | Current Beds Occupied | Available Beds | Occupancy Rate |
| 513 | 38 | 1 | 550 | 508 | 42 | 92.4% |

| | | | | |
|---|--|--|--|---|
| Patients With Expected Discharge Date (EDD) Today | Patients With Planned Discharge Date (PDD) Today | Patients With Confirmed Planned Discharge Date (PDD) | Patients With Unconfirmed Planned Discharge Date (PDD) | Total Number Of Patients Already Discharged Today |
| 48 | 19 | 13 | 12 | 5 |

Bed Status by Ward

| Ward | Ward Specialty | Core Beds | Additional Beds | Out Of Commission Beds | Total Useable Beds | Current Beds Occupied | Available Beds | Occupancy Rate | Patients That Don't Meet C2R | Confirmed To Be Discharged today | Unconfirmed Discharges Today | Estimated Discharges Tomorrow | Estimated Discharges Beyond 48 hours | Last User Edit |
|-------------------------|------------------|-----------|-----------------|------------------------|--------------------|-----------------------|----------------|----------------|------------------------------|----------------------------------|------------------------------|-------------------------------|--------------------------------------|------------------------|
| Acute Cardiac Unit (NT) | Cardiology | 30 | 0 | 0 | 30 | 30 | 0 | 100% | 3 | 0 | 4 | 21 | 16 | Jul 7, 2023, 10:36 AM |
| Discharge Lounge (NT) | Discharge Lounge | 0 | 0 | 0 | 0 | 1 | -1 | 0% | 0 | 0 | 4 | 0 | 0 | May 12, 2023, 3:00 PM |
| EAU (NT) | General Medicine | 60 | 0 | 0 | 60 | 57 | 3 | 95% | 1 | 1 | 10 | 46 | 51 | Jul 7, 2023, 10:38 AM |
| Surgical Decision Unit | Surgery | 22 | 0 | 0 | 22 | 19 | 3 | 86% | 0 | 2 | 1 | 21 | 5 | Nov 21, 2023, 3:32 PM |
| Ward 04 (HP) | null | 15 | 0 | 0 | 15 | 6 | 9 | 40% | 3 | 0 | 2 | 3 | 3 | Nov 29, 2023, 10:07 AM |
| Ward 20 (ITU) (NT) | null | 16 | 0 | 0 | 16 | 11 | 5 | 69% | 0 | 0 | 1 | 2 | 2 | No value |
| Ward 24 (NT) | null | 28 | 0 | 0 | 28 | 27 | 1 | 96% | 3 | 0 | 1 | 16 | 15 | No value |
| Ward 25 (NT) | null | 28 | 0 | 0 | 28 | 28 | 0 | 100% | 3 | 0 | 0 | 20 | 9 | No value |
| Ward 26 (NT) | null | 31 | 0 | 0 | 31 | 31 | 0 | 100% | 9 | 0 | 3 | 16 | 25 | No value |
| Ward 27 (NT) | null | 30 | 0 | 0 | 30 | 30 | 0 | 100% | 0 | 0 | 0 | 27 | 9 | Nov 28, 2023, 7:44 PM |
| Ward 28 (NT) | null | 31 | 0 | 1 | 30 | 30 | 0 | 100% | 5 | 0 | 9 | 22 | 8 | Nov 21, 2023, 3:28 PM |



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 divers



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

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

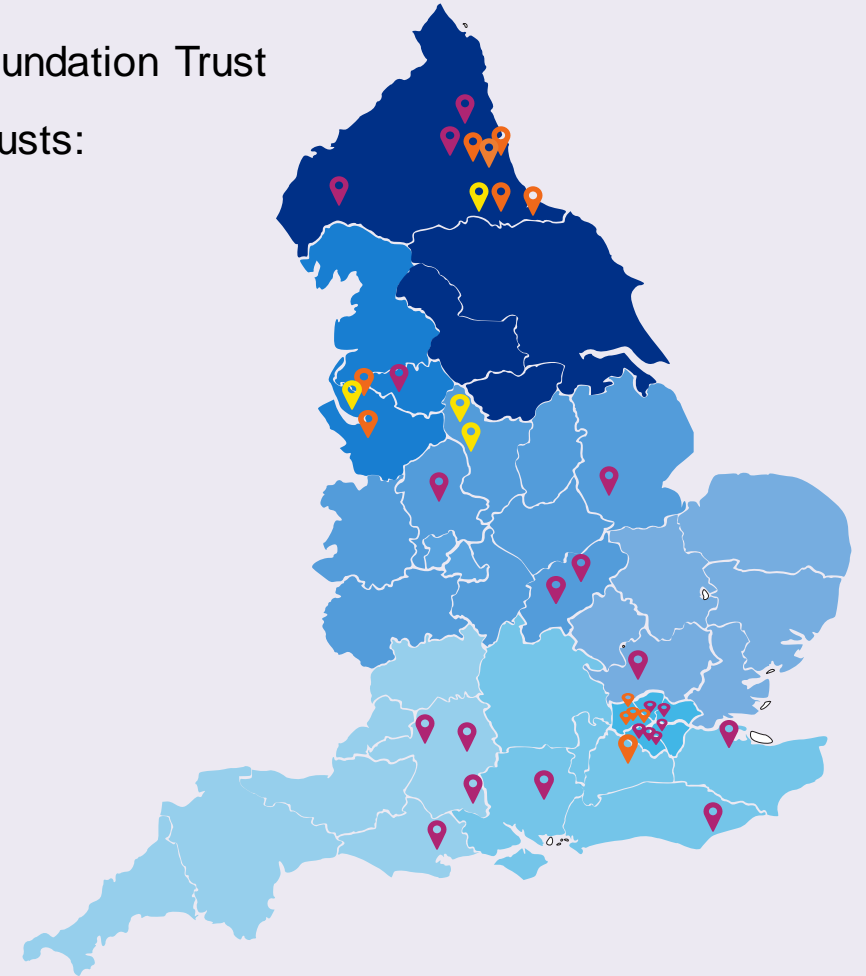
October 22 – Following a successful pilot, OPTICA was piloted in a further 15 Trusts:

- | | |
|----------------------------|-----------------------------|
| 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).





Questions and answers

Better insights. Better decisions. Better health.



Appendices

Better insights. Better decisions. Better health.



OPTICA benefits

Better insights. Better decisions. Better health.

- "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 in 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
 - London
 - Preston
 - Chester
 - Cumbria
 - Leeds
 - Hull
 - Sheffield
 - Derby
 - Cambridge
 - Ipswich
 - Suffolk
 - Kent



NECS

Current services and products

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