Bricks and Mortar for Acute Care
Sir James Mackey, CEO
Northumbria Healthcare NHS FT
SAM on the tyne – Bricks and Mortar....

• What’s been going on in emergency care....
• What have we been doing in Northumbria?
• What do we mean by “Ambulatory Care...”?
• Impact....
• The Environment – “Bricks and Mortar” or other stuff....
• Loose ends and Tensions....
ED Performance – National
Over recent years, the NHS have seen a large increase in the SUS recorded zero-day non-elective admissions. In 17/18 growth was at 7.8%, year to date growth as at July 2018 is at 10.5% in comparison to the same period last year.
Winter Prep and Performance – how we felt going into winter

- Very thorough plan-started earlier and much broader engagement
- Limited signs of flu – what we did get was quite late
- Greater “system” fragility evident
- Learning and action re infection/outbreak management
- Marginally more staff than previous year
- Big volume/demand growth, but using fewer beds because of ED Re-set and ambulatory care
## Comparative Performance

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2018-19</th>
<th>% change (minus value denotes decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSECH ED attendances</td>
<td>93069</td>
<td>106727</td>
<td>14.7%</td>
</tr>
<tr>
<td>Total A&amp;E attendances</td>
<td>186841</td>
<td>217687</td>
<td>16.5%</td>
</tr>
<tr>
<td>Blue Zone *</td>
<td>22812</td>
<td>29990</td>
<td>31.5%</td>
</tr>
<tr>
<td>A&amp;E performance</td>
<td>95.1%</td>
<td>96.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Non-elective admissions (excl short stay, amb care)</td>
<td>36,138</td>
<td>38,819</td>
<td>7.4%</td>
</tr>
<tr>
<td>Amb care &amp; short stay</td>
<td>13,839</td>
<td>21,759</td>
<td>57.2%</td>
</tr>
<tr>
<td>Medical amb care (1st adm)</td>
<td>4322</td>
<td>7749</td>
<td>79.3%</td>
</tr>
<tr>
<td>Surgical amb care (1&lt;sup&gt;st&lt;/sup&gt; appt)</td>
<td>3432</td>
<td>4319</td>
<td>25.8%</td>
</tr>
<tr>
<td>Stranded patients 7+ days (nos. at end of period)</td>
<td>211</td>
<td>126</td>
<td>-40.3%</td>
</tr>
<tr>
<td>Stranded patients 21+ days (nos. at end of period)</td>
<td>434</td>
<td>357</td>
<td>-17.7%</td>
</tr>
<tr>
<td>Occupied beds, midnight - NSECH **</td>
<td>85519</td>
<td>89757</td>
<td>5.0%</td>
</tr>
<tr>
<td>Occupied beds, midnight - Trust **</td>
<td>306368</td>
<td>283169</td>
<td>-7.6%</td>
</tr>
</tbody>
</table>

* Proxy - walk in & no admission type/short stay

NSECH opened 16th June 2015; therefore the values for the following data items have been pro-rata'd across 2015-16 full year

- NSECH ED attendances
- Blue Zone
- NSECH Occupied beds
Ambulatory care: activity growth

- Medicine: 327% growth
- Surgery: 55% growth

*Quarter ending dates: Sep-15 to Mar-19*
ED: activity growth

This shows the no. of ED attends in the 1st 9 months of NSECH being open (i.e. 15/16) versus the number of attends in 18/19. There has been a 15% increase!
## Ambulatory care: activity growth

<table>
<thead>
<tr>
<th>Period</th>
<th>Medicine attends</th>
<th>Surgery attends</th>
<th>Total attends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% change</td>
<td>% change</td>
<td>% change</td>
</tr>
<tr>
<td>Apr-16 to Mar-17</td>
<td>5,797</td>
<td>3,841</td>
<td>9,638</td>
</tr>
<tr>
<td></td>
<td>63%</td>
<td>3,537</td>
<td>12,974</td>
</tr>
<tr>
<td>Apr-17 to Mar-18</td>
<td>9,437</td>
<td>3,537</td>
<td>12,974</td>
</tr>
<tr>
<td></td>
<td>63%</td>
<td>-8%</td>
<td>35%</td>
</tr>
<tr>
<td>Apr-18 to Mar-19</td>
<td>11,347</td>
<td>4,168</td>
<td>15,515</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>18%</td>
<td>20%</td>
</tr>
</tbody>
</table>

significant increase in medicine ambulatory care activity in 2017
Ambulatory care: activity growth over the next 5 years
Philosophy of Service

Any mobile and medically stable patient that requires same day assessment for an acute problem but does not require an overnight stay

‘Admission avoidance’
Ambulatory care

Co-located medicine and surgery ambulatory care service

• 79% of referrals result in only 1 attendance
• 16% of referrals result in 2 attendances
• 6% of referrals result in 3 or more attendances

(very similar breakdown for both medicine and surgery)
Ambulatory care: - what if we didn’t have it....?

ward capacity modelling assumptions

Assume ambulatory care attends admitted to standard ward:

- Scenario 1 – 50% of attendances do not result in an overnight stay; 50% result in 24 hour stay
- Scenario 2 – all attendances result in a 1 day stay
- Scenario 3 – all attendances result in a 48 hour stay
- Scenario 4 – 50% of attendances result in 24 hour stay; 50% result in a 48 hour stay
Ambulatory care
If 50% of attends were admitted for 24 hours...

*based on activity in the period Apr-18 to Mar-19; 90% occupancy levels; no. of beds sufficient on 95% of nights in the period

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**Medicine**

midnight occupancy

0 30 60


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**Surgery**

midnight occupancy

0 30 60


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25 medicine beds

34 co-located beds

36 wte nurses

£2m ward costs
Ambulatory care
If all attends were admitted for 24 hours...

*based on activity in the period Apr-18 to Mar-19; 90% occupancy levels; no. of beds sufficient on 95% of nights in the period
Ambulatory care
If 50% attends were admitted for 24 hours and 50% admitted for 48 hours...

*based on activity in the period Apr-18 to Mar-19; 90% occupancy levels; no. of beds sufficient on 95% of nights in the period

- **70 medicine beds**
- **94 co-located beds**
- **30 surgery beds**

- 108 wte nurses
- £6m ward costs
Ambulatory care
If all attends were admitted for 48 hours...

*based on activity in the period Apr-18 to Mar-19; 90% occupancy levels; no. of beds sufficient on 95% of nights in the period
What do patients think of it....?

2 minutes of your time - ward 6 ambulatory care, The Northumbria

[Bar chart showing survey results for different categories such as Respect & Dignity, Involvement, Timeliness, Cleanliness, Kindness & Compassion, and Domain Average for different dates with varying sample sizes: 03/08/2018 (n=37), 21/09/2018 (n=71), 26/10/2018 (n=59), 07/12/2018 (n=37).]
Ward 6 Ambulatory Care NSECH

Ambulatory Care NSECH
Domain Average over time

Mean, 9.51

8.0 9.0 9.51 10.0 10.5 11.0

Lower process limit

Mean

Upper process limit

(n=1011)
Patient Satisfaction with care

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients</td>
<td>98%</td>
</tr>
<tr>
<td>Day Case</td>
<td>98%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>99%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>91%</td>
</tr>
</tbody>
</table>

Percentage of patients who rate their care good, very good or excellent in 2018
And Staff….?
Staff Experience – Trust wide

I would recommend Northumbria as a place to work | 72.1%
Sustainable Engagement Indicator | 73.0%

Overall Staff Experience Score: 70.4%
(n=2741)
The money

• Extension to Northumbria site - capital cost c£24m (inc. fit out), of which £6m attributable to dedicated ambulatory care floor

• Ambulatory care paid on attendance basis with tariff of first attendance £498 and follow-up £210. Significantly cheaper than average short-stay admission cost of £996, so saving of **£8.8m to the system**.

• Ambulatory care included in new emergency care blended payment baseline therefore any movement +/- in relation to the baseline paid at 20% of tariff – system needs to support and incentivise its use...
Some loose ends and tensions ....

• Definitions....let’s not get hung up on this....
• Data & counting – need a national response to aid consistency (and avoid bear traps such as SHMI etc)
• Environment – let’s think about the people we are looking after
• Workforce – must be a shared endeavour
• Link with other services – diagnostics, urgent OP/hot clinics, integrated care
• Billing and contractual stuff – let’s not be silly!
• Ownership & control – think of the patients and, it’s a shared endeavour....
• The business case....
Wrapping up …

• Ambulatory care is a good thing for patients and the NHS
• Utilisation and effectiveness is very variable across the NHS
• Without it, we would have sunk....
• Without further development and spread, we will sink....
• Let’s not get hung up or distracted by the noise around definition, data, billing and turf wars etc
• Further shifts ahead, moving closer to people’s homes (working between primary and secondary care )?
• Patients and staff deserve decent/reasonable physical environment....
• The business case works, for everyone.....
• For those of you directly involved, well done, go back with enthusiasm and do more....
• Most importantly, do it well....