NHS Ayrshire and Arran

Redesign of Urgent Care Pathfinder Programme

Rapid External Review

Adjunct Data Report

Redesign of Urgent Care - Ayrshire and Arran Pathfinder Report

BACKGROUND: The Ayrshire and Arran (A&A) Pathfinder went live on 3 November 2020, with NHS 24 triaging patients 24/7 and ensuring they are diverted to the appropriate service or self care advice. A&A have established a flow navigation centre (FNC) which NHS 24 can refer patients to for additional acute triage. The FNC triage the patient further and consider again the relevant disposition e.g. planned appointment at the Emergency Department. This pilot is being undertaken during a second wave of COVID-19 activity and with Tier related social distancing measures in place which will impact on data interpretation. The aim is for this format to form the basis of the reports for all Boards.

<u>DATA:</u> Due to system re-set after first COVID-19 wave, previous years historic data is no longer an accurate control for the data sets, therefore September and October are used as current baseline; for most of the metrics activity is lower than historic controls. Of note, GP in hours data is not routinely available which limits fuller analysis. For ED 4-hour standard the data definitions remain the same as in the pre-Pathfinder period. Comparative data utilised is from: 4 to 17 November. Further data is required for certain metrics (e.g. weekend data).

SUMMARY

There is no evidence that the system redesign has disadvantaged any patients in terms of age, gender or index of deprivation, compared with historical organisational patterns of demand.

Since the inception of pathfinder on 3rd November, in A&A:

- NHS 24 contacts have increased since the beginning of the pathfinder and this in part reflects the measurable increase in NHS 111 In Hours contacts as expected.
- There has been a small increase in referrals to GP IH services (Mon-Fri), as well a small but measurable increase in GP Out of Hours (OOH) activity compared to the baseline period.
- COVID Hubs and Assessment Centres activity has been stable.
- There has been a small decrease in both SAS incidents attended and conveyed but ratio of conveyed to attended has remains stable.
- As yet, there is no measurable change in ED attendances or performance since November.
- There is an early indication that the number of people who self-present is decreasing during the Pathfinder period, but more data points needed for recalculation as a reduction in self presenting is evident from end of September.
- Respiratory data remains stable for SAS and NHS 24.
- Mental health data remains stable for ED attendances.

See table below for full summary.

Arrows only reflect change within Pathfinder period, although it is noted for some metrics changes are evident prior to November for both A&A and Scotland and therefore need to be considered as part of the overall analysis including: decrease in SAS incidents attended and conveyed for Scotland, decrease ED attendances for A&A and Scotland, increase ED breaches for A&A, decrease ED Performance for A&A and decrease self presenters for A&A and Scotland. Feedback from A&A suggests decline in ED Performance and increased breaches may relate to exit block from ED particularly on the Ayr site. This will require further analysis.

NHS Fife data is shown in ED section as a potential NHS Scotland Board comparator, ED attendances showed a step change decrease at end of September, consistent with NHS Scotland data. Performance mirrored A&A with a decrease end of October. Breaches remained stable.

<u>Early Interpretation of Disposition data</u> (Further work to validate and understand disposition data is required): In A&A 8% of NHS 24 contacts were passed to the Flow Navigation Centres (337/4107) between 3 to 17 November. Of the 337 FNC appointed, 64% had appointments scheduled at ED or MIU on the acute hospital sites. Further analysis of NHS 24 disposition data is ongoing.

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NHS 2	IHS 24 Mon-Fri (Apps 1-4)	
A&A	Med. daily baseline Sep/Oct: 183	ALL contacts: Step change increase in baseline to 236 since 3 rd November. Potential shift of activity from OOH to 'In Hours' period – IH now represent approx. 40% of activity
Scot- land	Med. daily baseline Sep/Oct: 2405	Data stable compared to baseline.

NHS 2	24 Weekends (Apps 5-6)	
A&A	Med. Daily baseline Sep/Oct: 402	Data stable compared to baseline. Further data required to explore trends
Scot- land	Med. Daily baseline Sep/Oct: 5466	Data stable compared to baseline. Further data required to explore trends.

GP Out of Hours (non-COVID) (Apps 7-10)			
er eaternears (new servis) (ripps / 10)			
A&A	Weekday med. baseline Sep/Oct: 133 daily	Mon-Fri: Small step change increase in baseline to 156	
*	Weekend med. baseline Sep/Oct: 382 daily	since beginning November. Weekend: Data stable compared to baseline.	
Scot- land	Weekday med. baseline Sep/Oct: 1,228 Weekend med. baseline Sep/Oct: 4,244	Data stable compared to baseline for both	

CD in House Defensels (Main Fri) (Anno 11 12)		
GP In Hours Referrals (Mon-Fri) (Apps 11-12)		
A&A	Med. daily baseline Sep/Oct: 64	Small step change increase in baseline to 86 since beginning November
Scot- land	Med daily baseline Sep/Oct: 888	Data stable compared to baseline.
SAS (Apps 15-18)		
	All CAC in side at a attended	los attanded Corellates
A&A	All SAS incidents attended med. daily baseline Sep/Oct: 141	Inc. attended: Small step change decrease in baseline to 126 since 3 rd November.
•	Conveyed med daily baseline Sep/Oct: 108	Conveyed: Small step change decrease in baseline to 90 since 3 rd November.
Scot- land	All SAS incidents attended med. weekly baseline Sep:	Inc. attended: Step change decrease in baseline to

1668 since end of

Conveyed: Step change

decrease in baseline to

1142 since mid October.

September.

COVID Hubs & Assessment Centres (App 13-14)			
A&A	Med. daily baseline Sep:78	Step change decrease in baseline to 70 late September. Stable since.	
Scot- land	Med. daily baseline Sep:783	Step change decrease in baseline to 722 late September. Stable since.	

ED Attendances & 4-hr Performance (Apps 19-27)

A&A	Baseline daily ALL ED attendances Sep ED att.: 261	ALL ED attendances: Small step change decrease in mid-October in baseline to 218. Stable since.
*	Baseline Sep 4hr perf: 91%	4hr perf: Step change decrease in mid-Oct in baseline to 82%. Stable since.
*	Baseline Sep/Oct daily breaches: 26	Breaches: Step change increase beginning of October in baseline to 49. Stable since.
Scot- land	Baseline daily ALL ED attendance Sep: 3358	ALL ED attendances: Step change decrease in baseline to 2971 beg of October. Stable since.
1	Baseline Sep/Oct 4hr perf: 91%	4hr performance: Step change decrease in baseline to 87% near beginning of November. Stable since.
\	Baseline Sep/Oct daily breaches: 314	Breaches: Data stable compared to baseline.

ı	ED Self Presenters (App 28-31)		
ı	ED 36	D Sell Presenters (App 26-51)	
	A&A	Med. daily baseline Sep: 149	Self presenters: Step change decrease in baseline to 117 end of September. Potential suggestion of further decrease since 5 th November but more data points needed for recalculation.
	•	By day admissions med. daily baseline Sep/Oct: 18	Admissions: Step change decrease in admissions baseline from 18 to 12 since 3 rd November.
	Scot- land	All self-presenters med. baseline Sep: 1997 Med. Baseline self presenters by admissions Sep/Oct: 286daily	Self-presenters: Step change decrease in baseline to 1681 beg of October. Stable since. Admissions stable compared to baseline.

Mental Health (Apps 32-33)





Respiratory (Non-Covid) (App 34-37)

Data stable compared to baseline



1,727

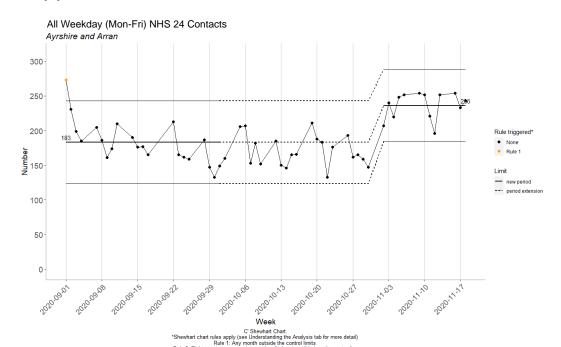
Conveyed med. weekly

baseline: 1,248

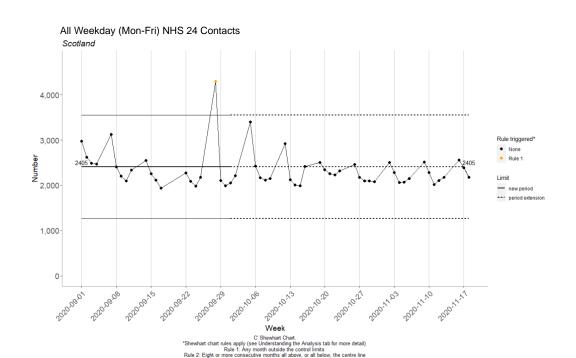
Paediatric

Data being processed, to follow

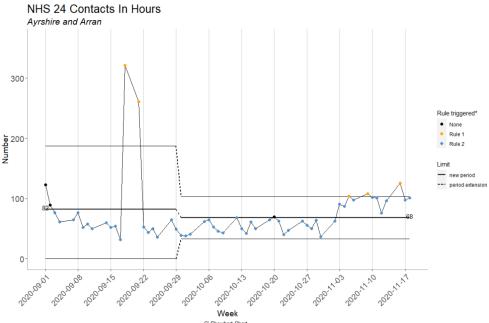
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Appendix 2:



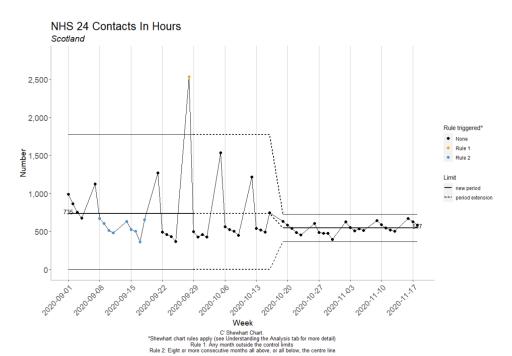
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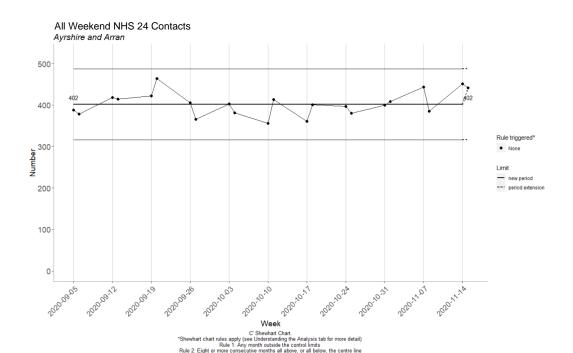
C' Shewhart Chart.

"Shewhart chart rules apply (see Understanding the Analysis tab for more detail)
Rule 1: Any month outside the control limits
Rule 2: Eight or more consecutive months all above, or all below, the centre line

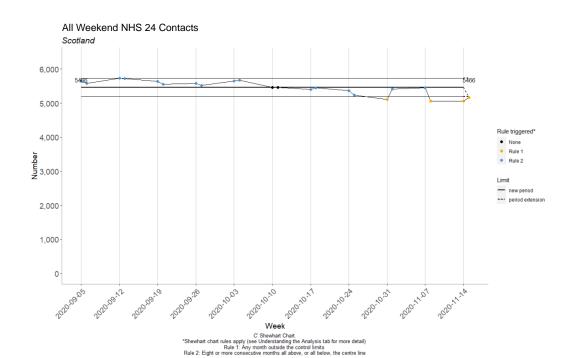
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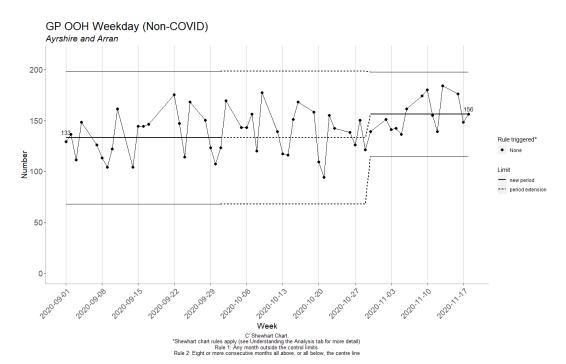
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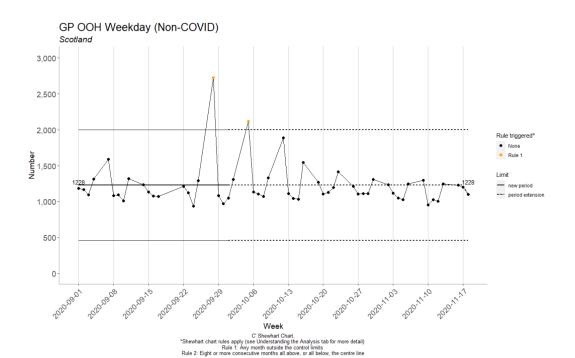
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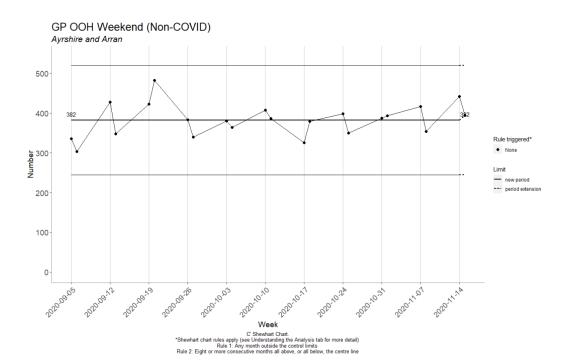
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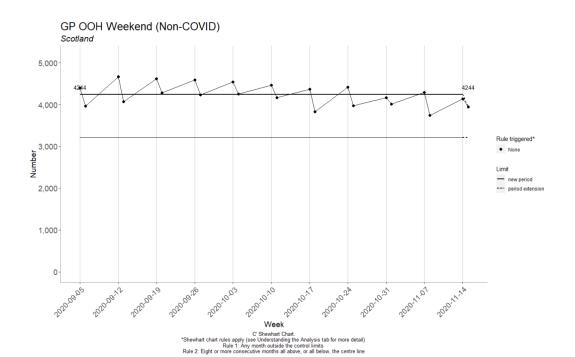
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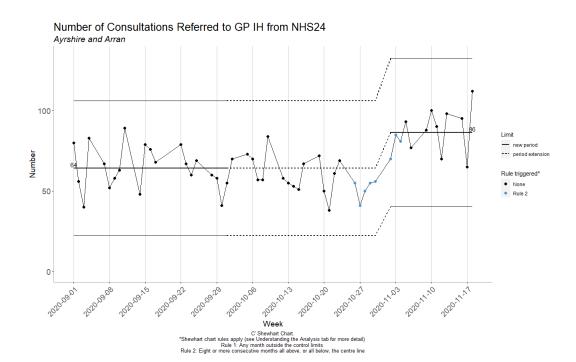
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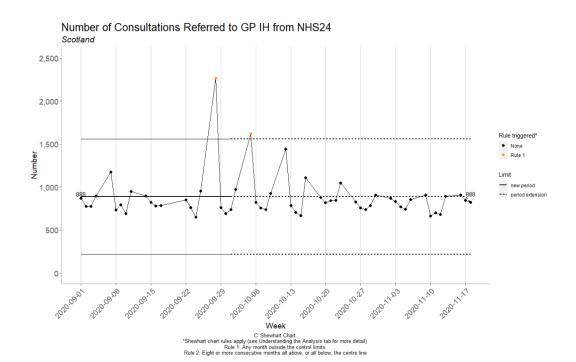
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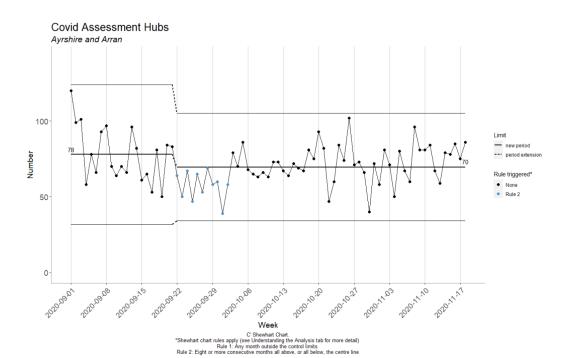
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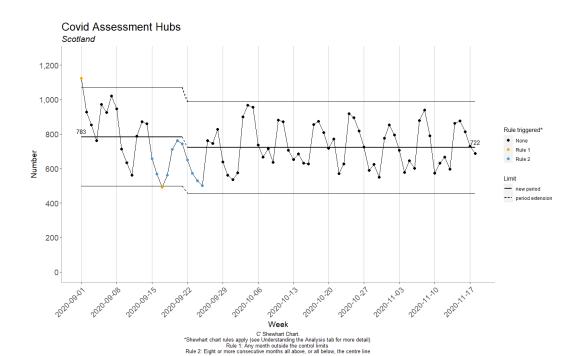
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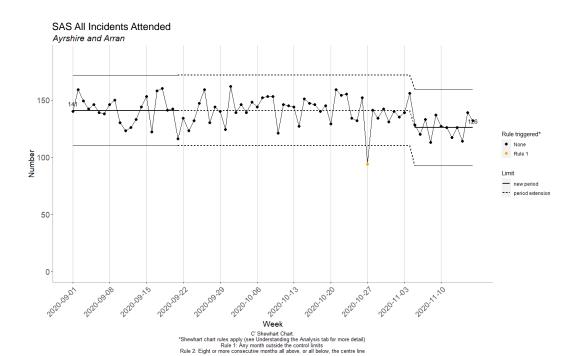
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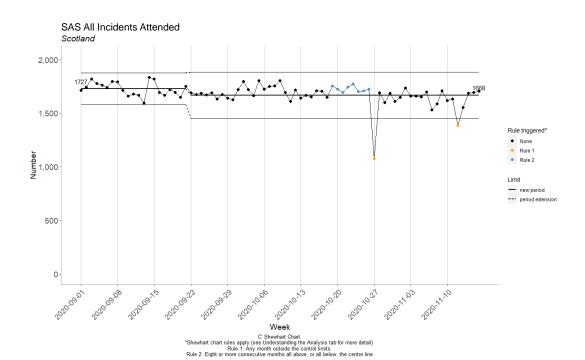
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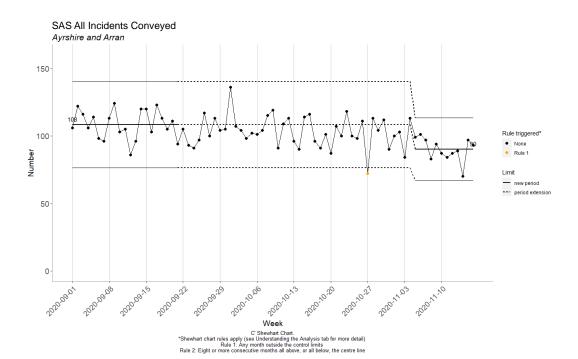
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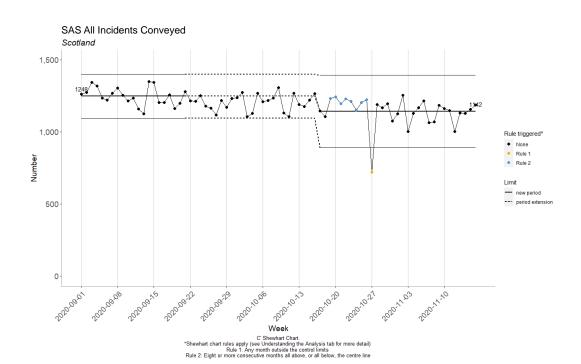
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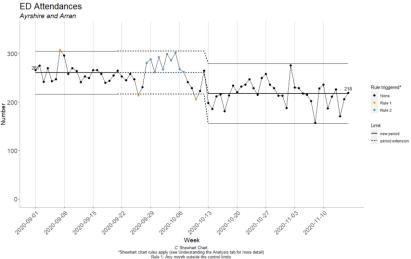
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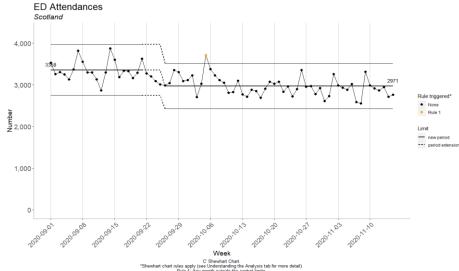
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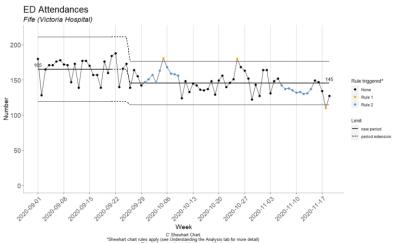
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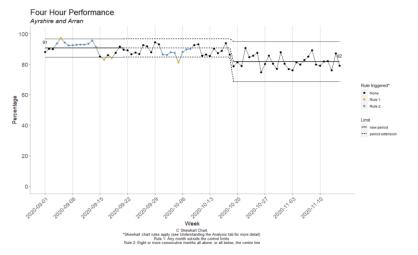
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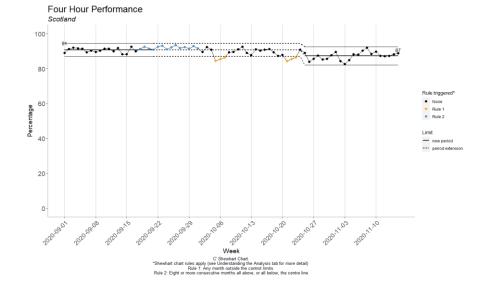
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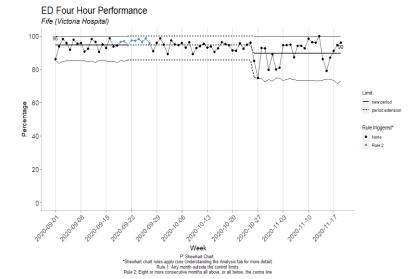




Appendix 23:



Appendix 24:

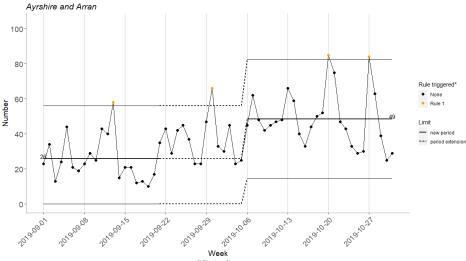


Appendix 25:

ED Breaches

ED Breaches

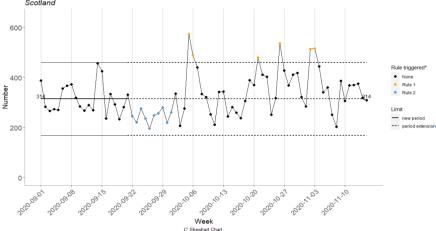
ED Breaches



C' Shewhart Chart.

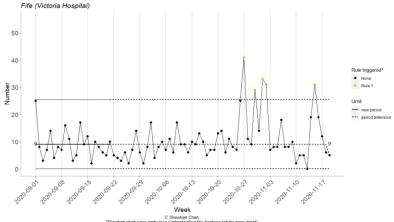
*Shewhart chart rules apply (see Understanding the Analysis tab for more detail)
Rule 1: Any month outside the control limits
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Appendix 26:



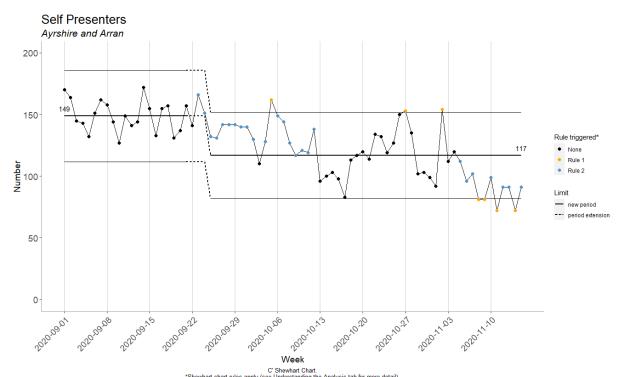
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Appendix 27:



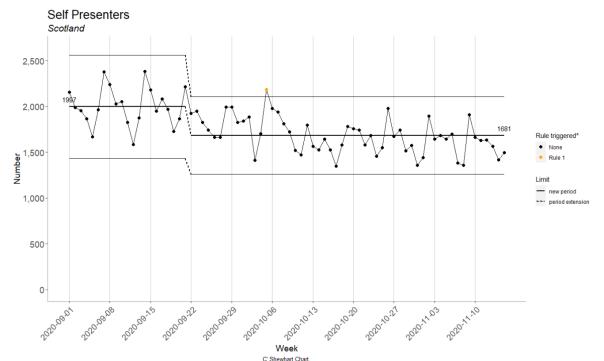
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Appendix 28:



C' Shewhart Chart. "Shewhart chart rules apply (see Understanding the Analysis tab for more detail) Rule 1: Any month outside the control limits Rule 2: Eight or more consecutive months all above, or all below, the centre line

Appendix 29:



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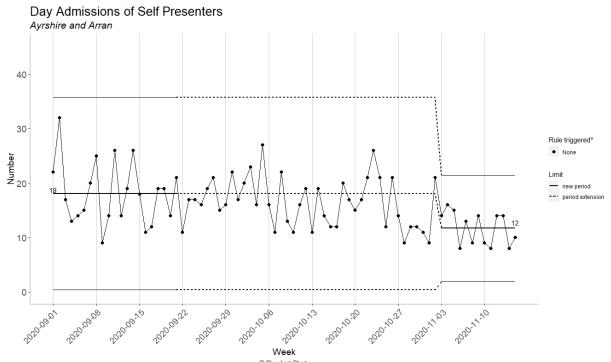
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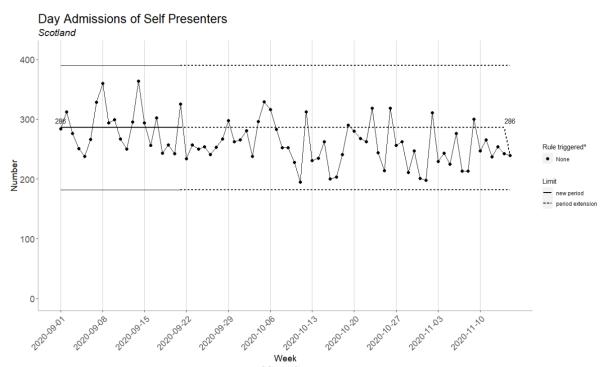
Appendix 30:



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Appendix 31:



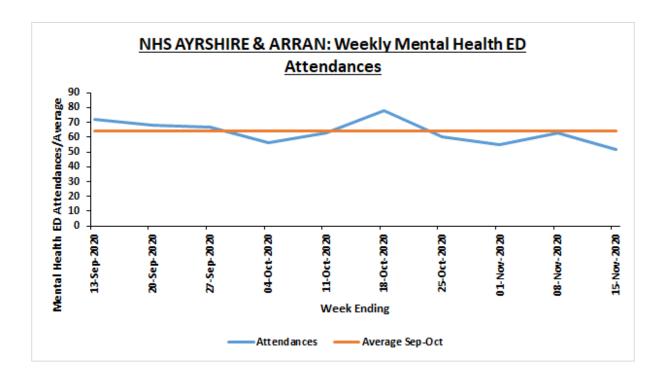
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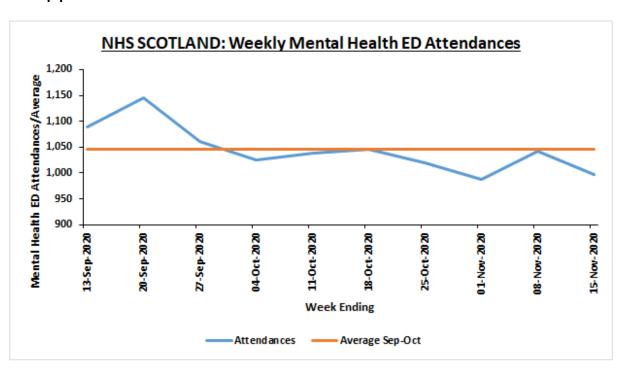
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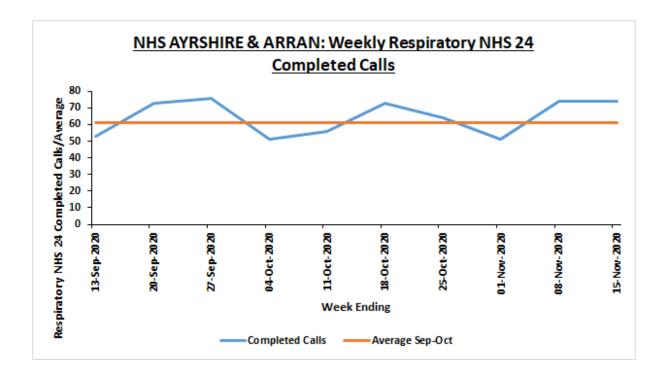
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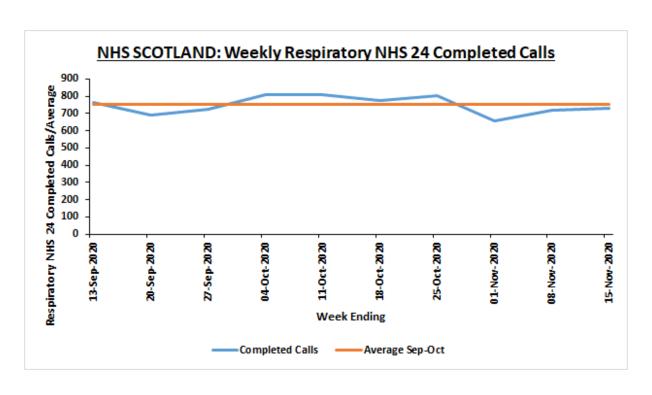
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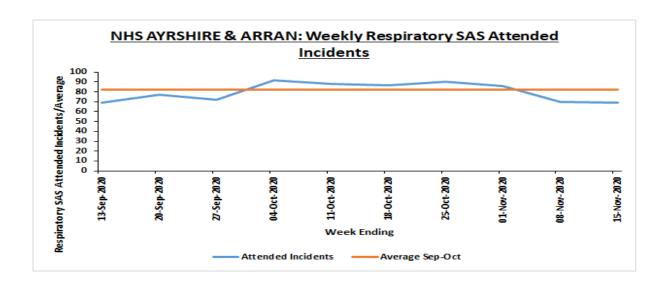
Appendix 34:



Appendix 35:



Appendix 36:



Appendix 37:

