

LEVEL 4

Seven day services integrated across several departments / organisations

University Hospital of South Manchester NHS Foundation Trust

Engaging with workforce to redesign urgent and emergency care pathways

Overview

Since March 2013, University Hospitals of South Manchester Foundation Trust have developed a seven day service delivery model for acute and general internal medicine in response to increased demands on urgent and emergency care, the need to develop a formal rota for gastrointestinal bleeding, and in response to Royal College Physician guidelines. A range of multi-disciplinary strategies were implemented in August 2013, as a result of increasing the Consultant Physicians and General Internal Medicine Consultants, to avoid unnecessary admission of patients to hospital as well as ensuring the delivery of safe and effective care, for those patients that require admission.

Key to our success was early engagement with clinicians to collaboratively develop proposed acute and general medicine models, which was followed by a six week consultation period across the organisation. We have also listened to patients and their families; the clinical and managerial staff involved, as well as our partner organisations. As a result there has been a 20% increase in the discharge of patients from the medical assessment unit to usual place of residence, improved flow of patients through the hospital and both junior doctors and patients feel more supported at weekends.

Acute and General Internal Medicine 7 day service delivery model includes:

- **'Front Door' Integrated assessment team** within Emergency department (ED) and Acute Medical Assessment Unit (AMU) to avoid admissions or expedite discharges
- **7 day Consultant physician presence on AMU** (14 hours a day) achieved by increasing Consultants from four to ten posts. This provides more support to trainees
- **Out of hours Consultant physician on-call cover for AMU** - staff must be available to come into the hospital if required.
- **Single point of telephone access for GPs provided** by Consultant physician for medical advice
- **Daily Consultant physician in-reach service** for ED and clinical decision making unit for patients referred to or admitted under medicine. This service is also provided by other relevant specialties, such as Cardiology, Gastroenterology and Care of the Elderly
- **Upper gastrointestinal (UGI) formal out of hours rota** achieved by increasing of Consultant Gastroenterologists from five to six posts
- **7 day Consultant led medical ward rounds** achieved by increasing establishment of Consultant Physicians (AMU), Gastroenterology and Care of the elderly. Care of the Elderly Consultants increased from six to nine posts
- **Designated consistent junior doctors** for Consultant daily review of patients on ward rounds
- **Consultant endorsed management and discharge plan** for the consultant team responsible for the patient's ongoing care within 24 hours of being transferred to their specialist medical ward
- **Nurse led discharge** protocols to facilitate earlier discharge
- **Enhanced support services** at weekends to facilitate discharge. These include prescribing pharmacist accompanying the consultant on the ward round, availability of radiology services for imaging and reporting, support from the integrated assessment team (OT, physiotherapy).

Impact

Patients

- Safer, high quality care for newly admitted patients and acutely ill patients are seen by a consultant seven days a week
- Patients receive earlier diagnosis and intervention, and where clinically appropriate admissions are avoided
- Improved 24/7 access to diagnostic and therapeutic management of patients presenting with an UGI bleed
- Earlier supported discharge by integrate community discharge pathways in partnership with social care
- Relatives and carers have commented on the benefits of being able to see the consultant on the ward at weekends

Overall system

- Reduced pressure on junior medical staff, with increased support for them at weekends, with a minimum of 3 consultants on site in the hospital on Saturday and Sundays
- Improved patient flow, with a reduction in length of stay - 0.5 day reduction
- 20% Increase in the number of patients discharged from Acute Medical Unit (to usual place of residence)
- Reduction in the number of ward transfers and 'hand offs', thus minimising the number of medical outliers
- Seven day working makes Monday morning more manageable

Challenges and solutions

- Staff resistance to change - undertaken a rigorous consultation and communication process
- Recruitment lead-in time to secure the right people for the posts - be quick to recruit, don't let the talent slip away

TOP TIPS

- **Ensure Executive support and clinical leadership in the service redesign and implementation is essential**
- **Early engagement of key stakeholders - Listen to the views / concerns of others**
- **Multi-disciplinary and multi-agency involvement -don't underestimate the culture change that is required**
- **Allow adequate time to recruit the right people**

Contact

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