Healthy London Partnership

Managing Demand in the Health and Care System through Channel Shift

A summary of successful demand management initiatives

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London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Introduction

The health and care system is experiencing significant pressure and unprecedented levels of demand. In many cases, activity is not taking place in the setting that is right for the patient and most efficient for the health and care system.

There is a significant need for the NHS to manage the demand that flows into hospitals by ensuring that only the most appropriate cases are referred for face to face consultation. Channel shift refers to interventions that help shift activity towards the most appropriate setting of care.

There is an expectation that channel shift will improve quality and, in most cases, that it will be more cost effective and efficient.

In February 2017, NHS England published a Consolidated Channel Shift Model (CCSM)[1]. This contains a suite of Urgent and Emergency care interventions that have been designed locally. The CCSM suite provides system leaders with a tool for systems thinking. The report recommends combining several interventions to make a significant impact.

This document summarises the interventions outlined in NHS England's CCSM, according to the level of supporting evidence. Interventions are grouped by the following categories:

- Delivering care in the community
- Reducing inappropriate admissions
- Avoiding hospital admission
- Reducing time spent in hospital

The document also outlines existing opportunities that can quickly be implemented to support demand management more widely (not just urgent and emergency care). Where applicable, the title of the intervention / opportunity links to the original source.

(1) NHS England (February 2017): Urgent & Emergency Care Consolidated Channel Shift Model User Guide

Demand Management interventions and opportunities

Demand management – Interventions with supporting evidence

Delivering care in the community

Community pharmacy

- Written instructions allow pharmacists to supply a defined range of prescription only medicines – *saved **114** hours in medical practice doctors time and **9** hours of Out-Of-Hours GP time (15 month pilot)*
- Support patients who need their regular medication urgently, but who don't have a prescription –*saved **73** hours in medical practice doctors time, **222** hours of Out-Of-Hours GP time and **22** hours A&E (15 month pilot)*

Extended General Practice Opening Hours

- Access to a GP 18:00-20:00, Monday-Friday and for at least 4 hours on both Saturday and Sunday - ***14%** reduction in minor self-presenting attendances at A&E (20 pilot sites compared with the same period in previous years)*

Care Home Educators

- Improve and enhance patient care, early identification of deteriorating residents and early intervention supporting residents to remain in the care home - *reduced avoidable hospital admissions from care homes by **51%***

Avoiding hospital admission

Ambulatory Emergency Care

- Manage emergency adult patients safely and efficiently on the same day avoiding admission to a hospital bed – *increased Zero length of stay from 28% to **33%,** short stay to **69.37%** (East Kent – 3 years since introduction of AEC)*

Rapid response

- Multi-disciplinary, community based teams that provide rapid assessment and clinical support - ***96%** avoided A&E or acute admission and **12%** avoided emergency social care respite care (Salford – 1 year analysis)*

Reducing inappropriate referrals

Integrated Clinical Assessment Service

- A larger proportion of clinical advisors taking 111 calls in place of call handlers - *ED attendances fell by **3.9%** (control site increased **11.7%**) per month (pilot vs. control sites over 3 year period)*

Improving referral pathways

- Empowering all registered health and social care to use locally-developed protocols to make appropriate direct referrals and/or appointments – *numerous examples that have avoided hospital admission are shown here*

Demand management – Potential interventions (no published evidence)

Delivering care in the community

Personalised Care Planning

- Personalised care plans for patients, particularly with long-term conditions, who would benefit from care closer to home – *lower hospital admissions, hospital days, and emergency department visits than control group (6 month study, small sample size)*

Early Warning Score in Care Homes

- Care home staff call Clinical Assessment Service for support advice if a patient meets threshold criteria for baseline observation parameters (e.g. blood pressure and alertness) *- validated by the North East and South Devon & Torbay vanguard*

Avoiding hospital admission

See and Treat

- Decreases Ambulance Conveyances to Emergency Departments by bringing care at the patient's location, rather than conveying them to hospital - *East Midlands Ambulance Pathfinder service*

Reducing time spent in hospital

Co-location of Urgent Treatment Centres with Emergency Departments

- Provides opportunities for collaboration, two-way transfer of appropriate patients and helps decongest emergency departments - *some reduction emergency department waiting times and length of stay (evidence review)*

Increased use of Summary Care Records

- Inpatient drug reconciliation: reconcile the secondary care prescription record for inpatients against primary care record - *thought to reduce inpatient prescribing errors which would lead to a reduction in adverse drug events*
- Use in emergency department: check patients' current prescriptions and information about allergies - *thought to reduce inpatient prescribing errors which would lead to a reduction in adverse drug events*

Discharge Planning

- Develop and implement a plan to transfer a patient from hospital to an appropriate setting, which should start prior to admission for elective admissions / as soon as possible for non-elective admissions - *validated by Barking, Havering & Redbridge, Leicester, Leicestershire & Rutland, Greater Nottingham and South Devon & Torbay vanguard sites*

Discharge to Assess

- A community facility to discharge medically fit patients into, who could potentially require Continuing Health Care - *validated by Greater Nottingham and North East vanguard sites*

Demand management - what existing opportunities can we maximise?

Move to Self Care	**inhealthcare** • Connects patients remotely to healthcare professionals for management of diabetes, digital care homes, under nutrition, chronic pain wound care etc. **My Recover** • Mobile app by surgeons and physiotherapists to aide recovery form orthopaedic surgery. Sends reminders, health plans, evidence based physiotherapy to keep patients engaged with rehab and recovery. **sensely** • Virtual nurse to locate services, support self-care and chronic disease management (COPD, CHF and diabetes) **LiveSmart** • Helps with chronic disease prevention and management (e.g. diabetes) utilises information and provides advice and recommendations. **physitrack** • Tool to manage patients who have been prescribed exercises for recovery or condition management **BabylonHealth** • A private health service that provides quick access to online healthcare and advice from anywhere in the world
Digital booking	**Iplato** • Provides patients 24/7 mobile booking, medication management, communication with clinician, health tracking and access to medical record **Dr Now** • For patients who haven't registered with GP and use A&E. App connects to GP for video consultations, real time diagnosis and treatment. **Dr Doctor** • Patients can book outpatient appointments, initial evaluation suggests 30% reduction in DNAs, 50% reduction in calls to booking teams
Connecting care settings	**cinapsis** • GPs access specialist advice immediately (phone, virtual clinic or messaging). Avoids unnecessary referrals **DefinitiveDx** • GPs and hospital clinicians can discuss cases online. Fast advice to enable decisions.