

ACUTE SERVICE REDESIGN INITIATIVE

WINNERS



TAMESIDE AND GLOSSOP INTEGRATED CARE FT AND TAMESIDE METROPOLITAN BOROUGH COUNCIL INTEGRATED URGENT CARE TEAM - HOME FIRST

The Integrated Urgent Care Team now work together with other transformation services to support older people living in the community in an integrated model of care to deliver 'integrated urgent care at home'. Enabling a rapid crisis response service (within 2 hours) aligned to the NHS Long Term Plan for referrals received from GPs, Ambulance Services (NWS) and local care homes, by creating capacity and resilience within the system.

The collaborative approach to crisis response has ensured that the ICFT are delivering;

- crisis response within 2 hours of referral
- re-ablement to people within 2 days of referral

JUDGES COMMENTS

The judges felt that this winning team were ambitious, passionate, enthusiastic health and care professionals who continue to drive forward improvements. Tameside and Glossop Integrated Care FT and Tameside Metropolitan Borough Council actively look for opportunities to extend services to more and more patients and successfully balance performance against centrally set targets with compassionate, personalised care. The judges were extremely impressed with the savings and spread of the initiative which had patient safety at its core.

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HIGHLY COMMENDED



Royal Manchester Children's Hospital, North West Paediatric Allergy and Infection Network and North West TB Control Board

A new approach to an old disease; delivering specialist care to children with TB close to home

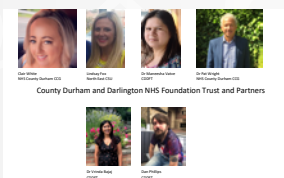
Driven by clinical concerns and feedback from the coroner a North West Regional Paediatric Tuberculosis Network was developed. Sustained collaboration between doctors and nurses from multiple healthcare Trusts and community teams, adult and paediatric TB experts, PHE, commissioners and charity partners,

facilitated an innovative service redesign: A weekly virtual clinic and rolling regional audit, supported by targeted education and networking opportunities has ensured resources are used more effectively to improve quality of care for patients close to home. This model could easily be adapted for other services to provide high quality care without the need to travel to tertiary care centres.

JUDGES COMMENTS

The Royal Manchester Children's Hospital, North West Paediatric Allergy and Infection Network and North West TB Control Board had a highly commended innovative approach building on clinical skills, ambition and teamwork to deliver impressive outcomes in challenging contexts. The judges felt that the delivery model has significant potential for adaption to address a range of other relatively rare conditions safely and consistently. They agreed that this was an innovative model for paediatric TB especially for travelling families, and highlights the importance of safeguarding

FINALISTS



County Durham and Darlington FT and Partners: Durham Dales, Sedgefield & Easington CCG, Sunderland CCG, North Durham CCG, Darlington CCG, South Tyneside CCG and Consultant Connect Tele-skin Two Week Wait Pathway

This partnership project between CDDFT, local partner CCGs and an independent company, Consultant Connect, covers a population of over one million people, to whom CDDFT provides a sub-regional dermatology and plastics service. Instead of sending a traditional two-week-wait (2ww) referral for an out-patient skin cancer appointment, GPs attach photos of the lesion to their eRS referral. A consultant dermatologist views the images and the referral details within one working day and triages the patient into the appropriate service. The project has the full support of the local cancer network, the North East Cancer Alliance.

East Lancashire Hospitals Trust Ambulatory Emergency Care - A service developed from the front line

The AECU promotes same day emergency care for patients attending via ED or GP referral. The service has been developed from the bottom up, by our Acute Medicine team who continuously strive to identify opportunity, developing pathways to facilitate the safe and effective patient care. This redesign hasn't come with project support or dedicated admin time; it has been and continues to be developed by the team delivering the service.

Our vision was to consider every patient ambulatory until proven otherwise, to receive immediate assessment and treatment at the right time, by the right person in the right place.

Kettering General Hospital FT Using QSIR to support the delivery of a Urology - One-Stop

Urology One-Stop service - to reduce the number of visits that the people of Northamptonshire have to receive their Urology diagnosis using the Quality Service Improvement & Redesign methodology to support the transformation.

Stakeholders included: Urology staff, Radiology staff, Endoscopy staff, previous service users, Housekeeping, Estates, Third party suppliers, Cancer Services, Hospital GIRFT team, Finance business partners, Health care partnership (STP), Northampton General Hospital, Luton & Dunstable Hospital, Bristol Urology Services.

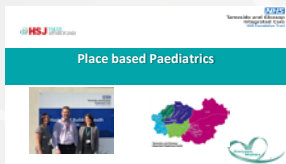
Who we serve - the people of Northamptonshire that require Urological investigations and diagnosis.

London North West University Healthcare Trust, Imperial College Healthcare Trust and Ealing CCG Heart Lounge Ealing ACU

Heart Lounge in Ealing ACU is a holistic day care centre for complex heart failure patients. Team involves consultant cardiologist, heart failure nurses, registrar, GP trainees and other specialist nurses. The aim is to review and treat patients with heart failure by early intervention to avoid de-compensation, medical optimisation and review by various other specialist teams with a holistic approach centred about their care. Patients who predominantly benefit are the ones who had multiple admissions with de-compensation or are very symptomatic requiring frequent GP visits or A&E visits. They are encouraged to join patient support group program designed for HF.

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FINALISTS



Tameside and Glossop Integrated Care FT

Place Based Paediatrics

The place based paediatric offer across Tameside and Glossop consists of a number of initiatives that support children and their families being seen

and treated by the most appropriate professional, at the right time and in the right place:

- Electronic Advice and Guidance (A&G); a system that allows GPs to request electronic pre-referral advice from consultant paediatricians from the Trust.
- Children's Community Clinical Meetings; regular forums between secondary care and general practice clinicians to discuss clinical cases and pathways.
- Emergency Department In-Reach; support to the ED to assess acutely unwell children and determine the most appropriate treatment pathway.



Tameside and Glossop Integrated Care FT

The introduction of an interactive appointment reminder service to reduce Outpatients DNA's

The implementation of a 'text reminder service' for Tameside and

Glossop Integrated Care NHS Trust acute outpatient appointments initially commenced in 2015/16 when the trust had DNA rates of 11%. A text reminder service was introduced, which over a 2 year period delivered steady improvements of 11% to 8.1% and financial savings of £36,000+ (see figure one, slide 2). However, in 2018/19, the trajectory declined with the trust failing the internal target (7.5%) for financial year. The trust committed to develop an innovative solution to further reduce Outpatient DNA rates and use digital tools to better communicate with patients.



Tameside and Glossop Integrated Care FT, Tameside and Glossop CCG and Tameside Metropolitan Borough Council

Improving System Flow - Tameside and Glossop System Approach to reducing Stranded and Super Stranded Patients

Tameside and Glossop have introduced an Executive led system wide stranded and super-stranded patient meeting to challenge the clinical management of patients who have been in the Acute Hospital for longer than 7 days and to reduce the numbers of patients staying in hospital for longer than necessary.

The meeting is a weekly meeting attended by all stakeholders including staff from our five integrated neighbourhoods (including community health care staff and local authority social care staff), Local Authority Directors, CCG representatives, Trust Chief Operating Officer, GP leads, the patient flow team and crucially Business Intelligence teams.