WELCOME TO

The Patient Flow Conference 2022

Check Out Our Agenda Here...

Tuesday 15th November 2022- 10:50am – 15:00pm – GoTo Webinar

Conference hosted by Convenzis Group Limited

The Patient Flow Conference 2022

The Patient Flow Conference 2022

CONVENZIS

SPEAKING NOW

Dr Michael Watts

Associate CCIO
University Hospitals of Derby & Burton NHS Trust

I will be discussing…

"Digitalising Patient Flow - The Barriers and how to overcome them"

Digitalising Patient Flow

A Junior Doctors Story

Aims

- Optimising patient flow
- The benefits of digital
- Understanding technology's impact on patient flow
- How to implement digital and it's barriers

Who needs to hear this talk

- Thought leaders and clinical Innovators
- Change enthusiasts
- NHS intrapreneurs
- NHS leaders

Introduction

My Why

On a mission to create patient-centric, safe and impactful healthcare through digitalisation

- **NHS Doctor**
- **Associate CIO, University Hospitals of Derby & Burton**
- **Co-founder and Managing Director of a Digital Health SME**
- **NHS England Clinical Entrepreneur and Mentor**
- **MBA Student**

Dr Michael Watts MBChB BSc (Hons)

The perfect flow

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The Benefits

- **Minimising waiting times and delays in care**
- **Improving clinical outcomes and patient experience**
- **Increased efficiency, less duplication**
- **Reduced costs (less overtime, waiting list initiatives, locums)**

The ultimate benefit to the NHS is **REPUTATION**

The digital patient flow

The Benefits

- **Centralised data storage**
- **Improved auditability**
- **Accelerated communication**
- **Reduced paper usage**

SaaS

The Benefits

- **Data-driven decision making**
- **Clicks and mortar organisation**
- **Improved communication**
- **Staffing support**

Robotic process automation

The Benefits

- **Limiting variation and human error**
- **Eradicates behavioural biases (eg operational vs clinical)**
- **Automatic reporting**
- **Improved interoperability**

Predictive analytics

The Benefits

- **Trend recognition**
- **Decision-support algorithms**
- **Predict number of admissions / transfers / discharges**
- **Predict resource requirements**

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The Risks

- **Decision-support risks**
- **Accountability**
- **Managing adaptive technologies**

Case Study

Thank you

michael.watts5@nhs.net

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UP NEXT...

The Patient Flow Conference 2022

SPEAKING NOW

Hatham Al-Tarafi

Commercial Director - Secondary Care
eConsult Health

I will be discussing…

"Digital Triage in Urgent and Emergency Care"

Mark Harmon (Chief Strategy Officer) – Mark.Harmon@econsult.health
Hatham Al-Tarafi (Commercial Director) - Hatham.altrafi@econsult.health

eConsult Health – Experts in digital triage

Primary Care

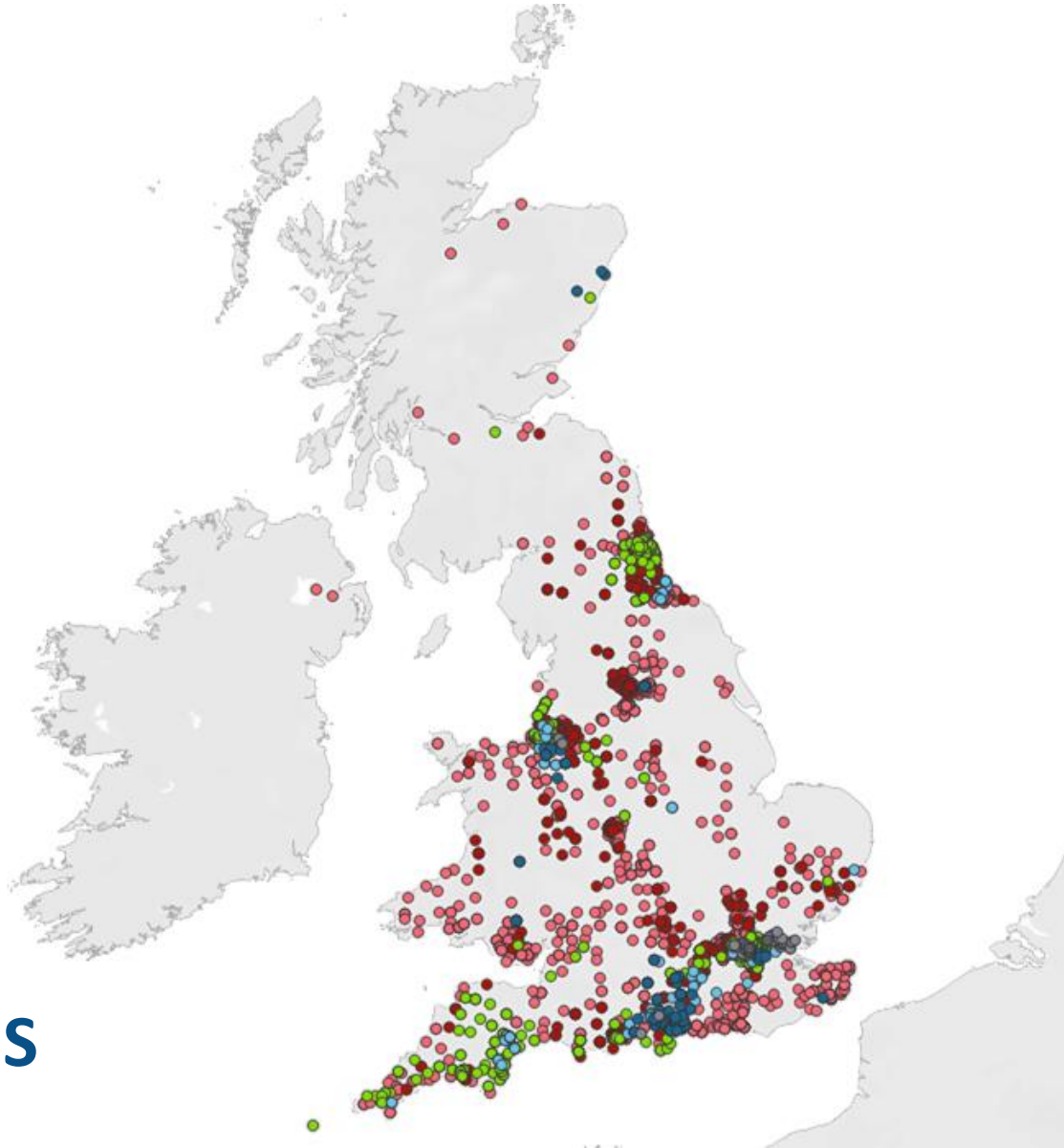
28 million patients
>3,200 practices
30m+ eConsults

Urgent and Emergency Care

9 EDs or UTCs
>550,000 eTriages
live in 5 more by Q3 2022

Outpatients

2 Trusts
developed with MSE
full product launch Q2 2022



Born out of the NHS

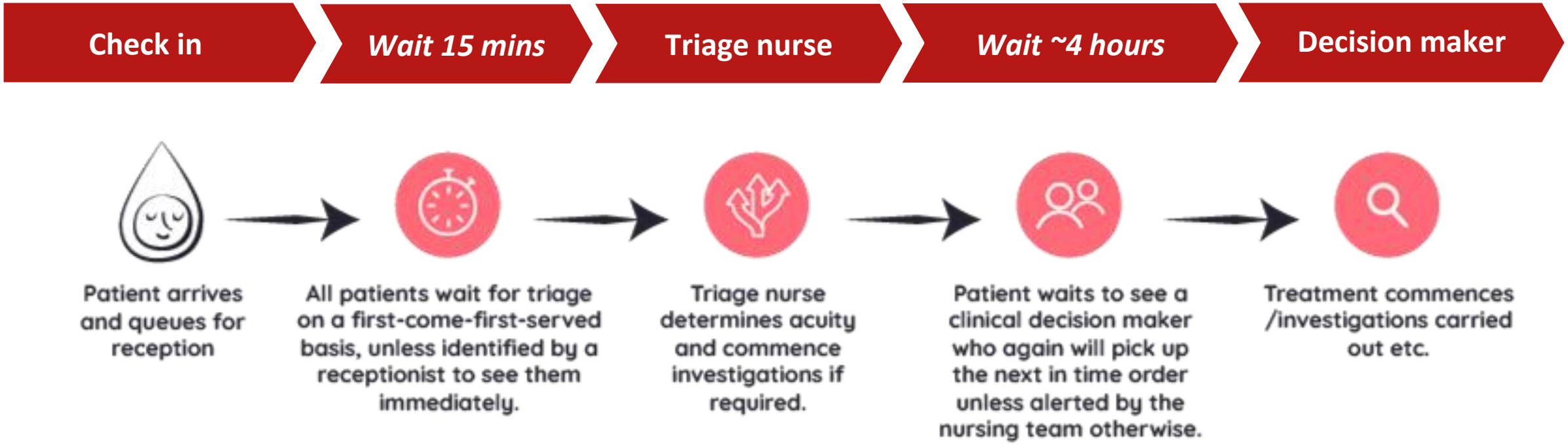
What is eTriage?

Patient **check-in** and dynamic, automated **triage** for U&EC

- No queues
- Detects **critical conditions** upon arrival
- Live **clinical** visibility of the waiting room
- **Manages demand** based on acuity not chronology
- Enables **redirection** where appropriate
- Data dashboard

etriage

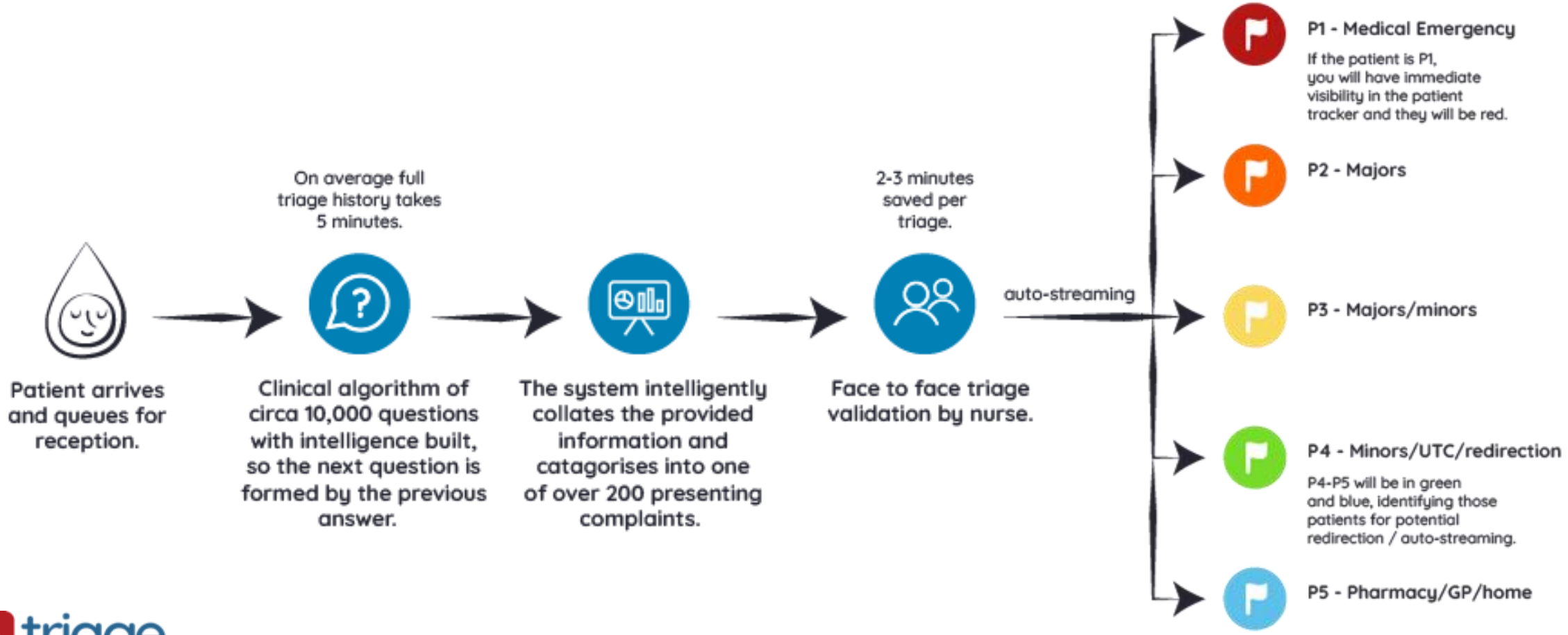
Pressure points in the patient journey



etriage

Patient journey using eTriage

Digital check-in, ECDS capture and full triage history → **Automated risk stratification P1-P5** → **Route to appropriate care**



e triage

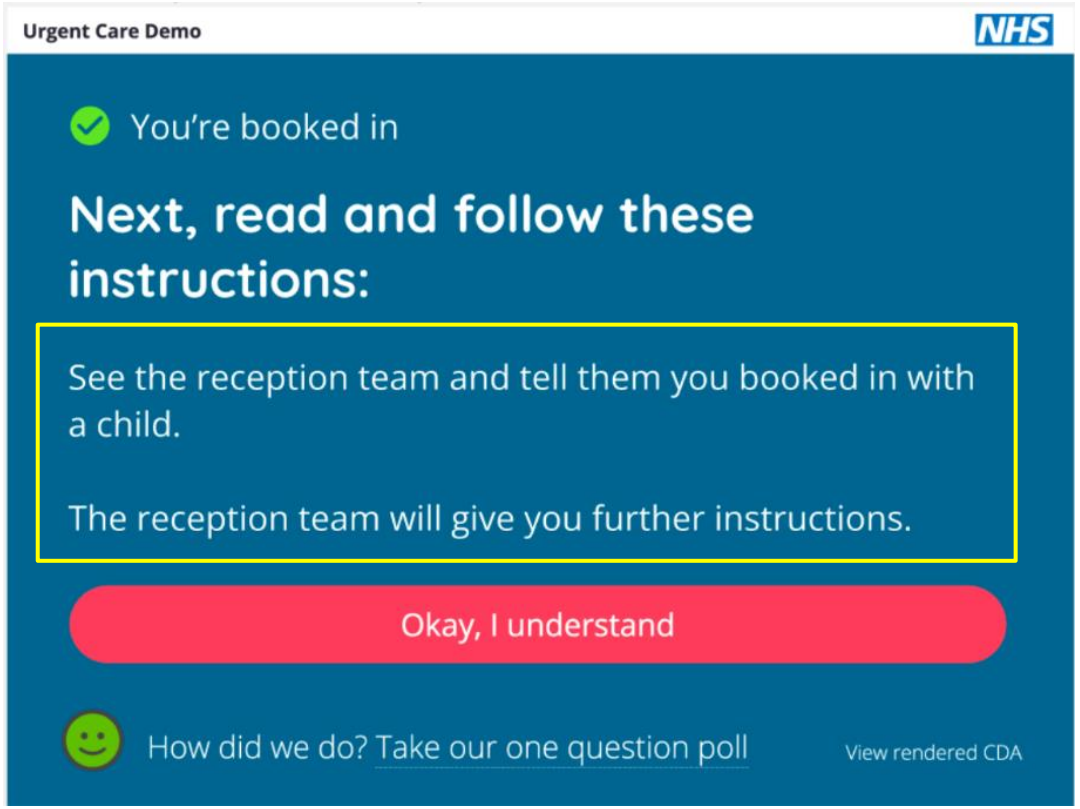
We take a full triage history

Auto-streaming

- Customisable end screens
- Internal streaming to appropriate setting
- Decompress at front door
- Full audit trail

Redirection

- Highlights patients suitable for redirection
- Nurse validates eTriage
- Provides face to face reassurance
- Picks up patients before they're overcommitted
- Optimal deployment of nursing resources
- Full audit trail and standardised data collection

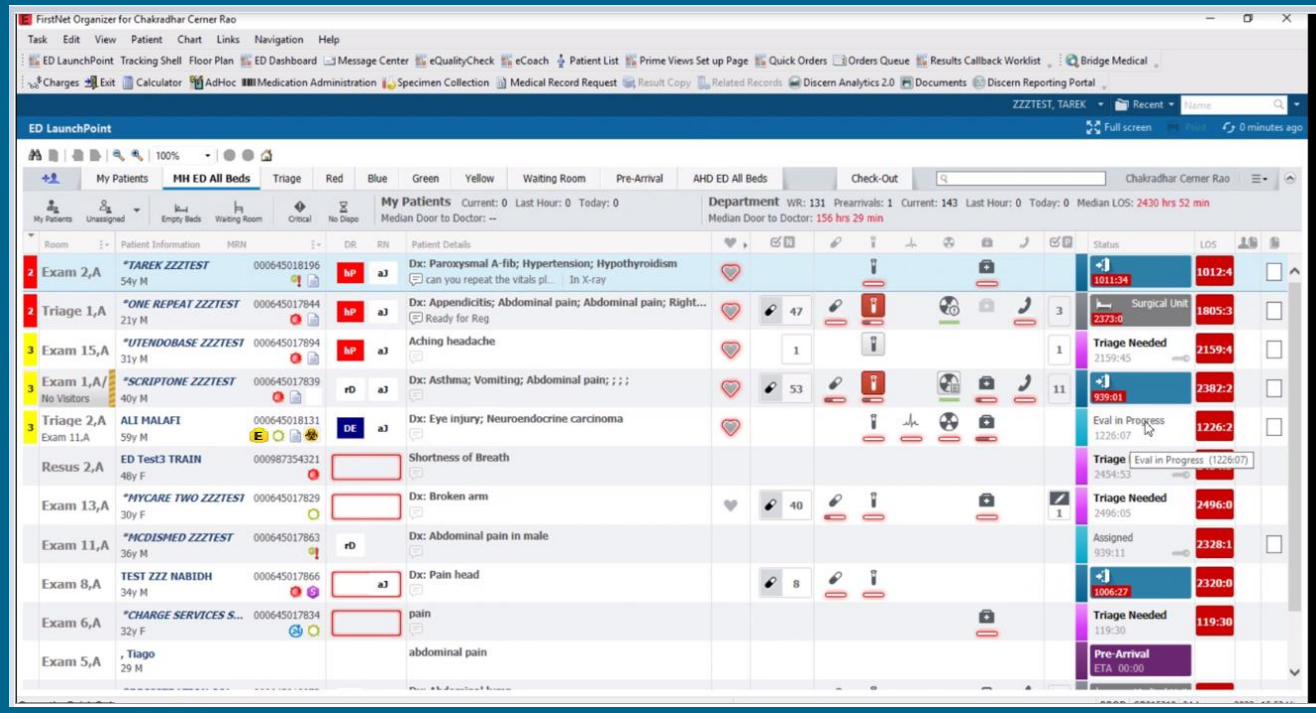


etriage

Integrates directly with native clinical system

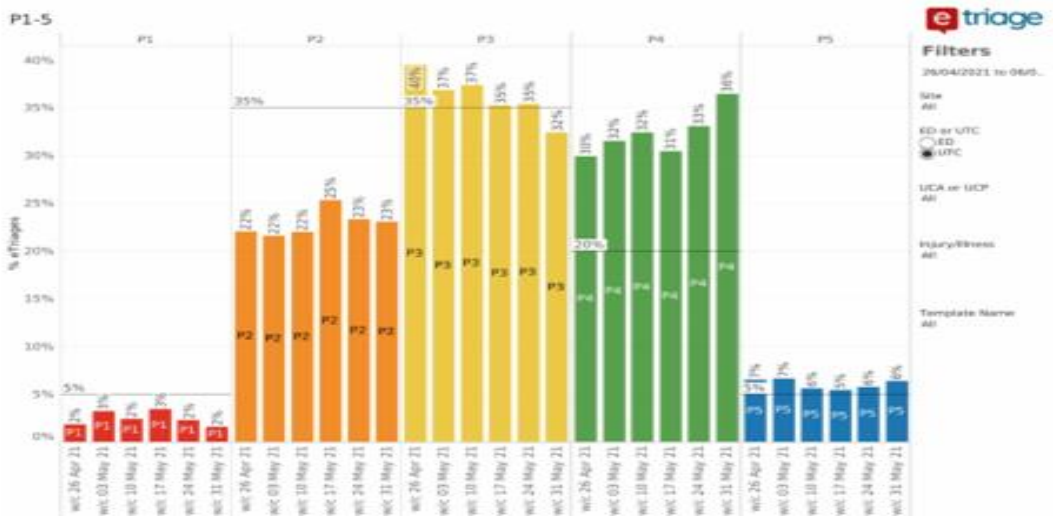
So far Cerner, Symphony, Silverlink, SEMA, Nervcentre, SystmOne and Adastra

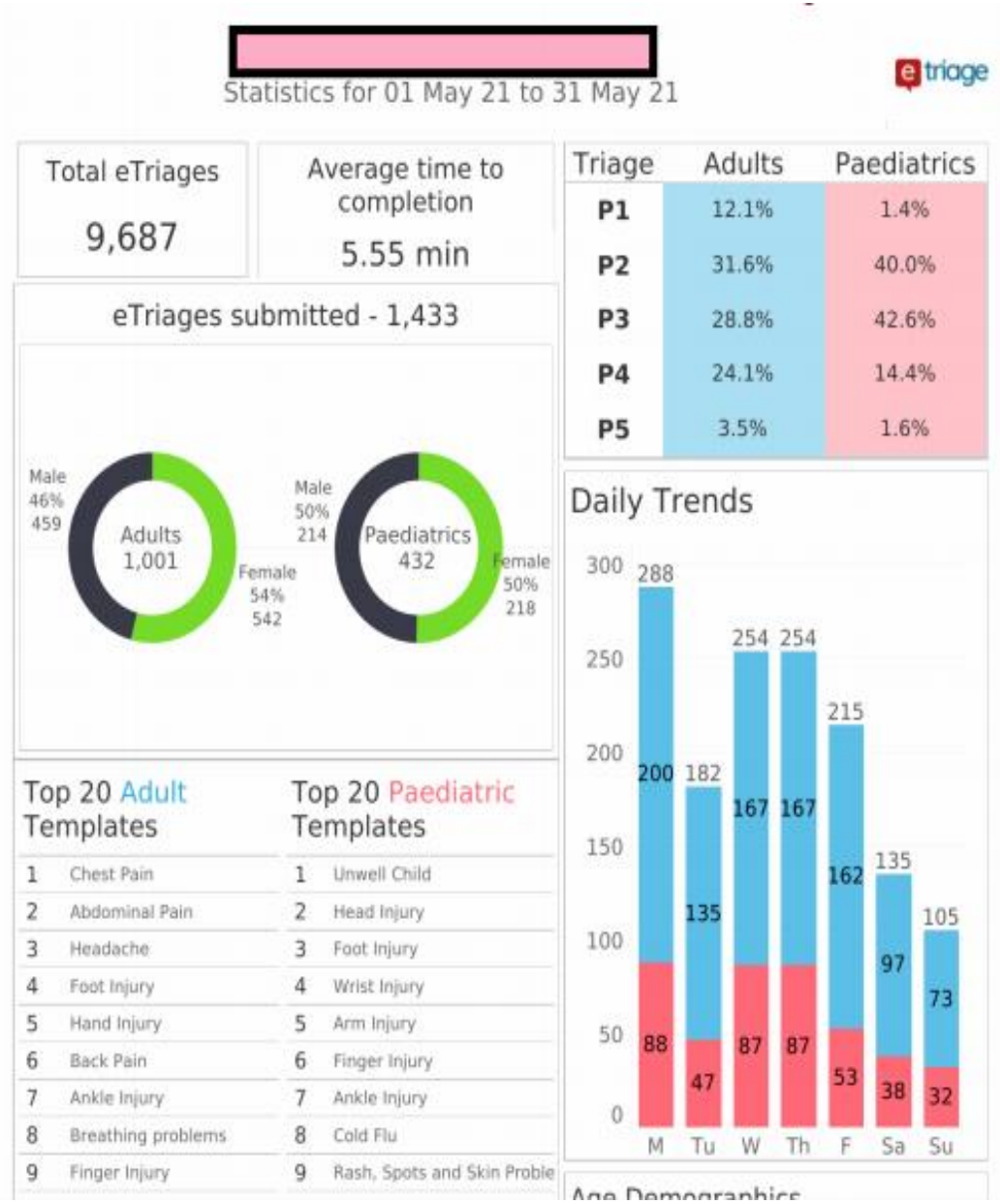
- ECDS data is SNOMED coded
- Mandated fields are autopopulated in EPR
- Acuity scores colour coded (P1-P5)
- Supplements your current patient tracker
- eTriage stored in patient record



Implementation

- **Consultative** approach
- Supporting **change management**
- **Time and motion** studies
- Qualitative **patient experience** studies
- Baseline **data** to compare against **KPIs**
- Quarterly **reviews** and data dashboards





Everything that we do is underpinned by our award-winning approach to clinical governance

Clinical Governance Cadence
Formalised fortnightly Clinical Governance sessions to review/update content, NICE guidelines and feedback from users

Clinical Governance Board
Team of 26 practicing NHS Acute/Emergency and Trauma clinicians from wide range of clinical specialties

Clinical Team
Medical Director leads internal clinical team of UEC doctors and nurses

Red Flags
Clinical Acuity applied to every eTriage, immediately directing patients to seek the most appropriate care

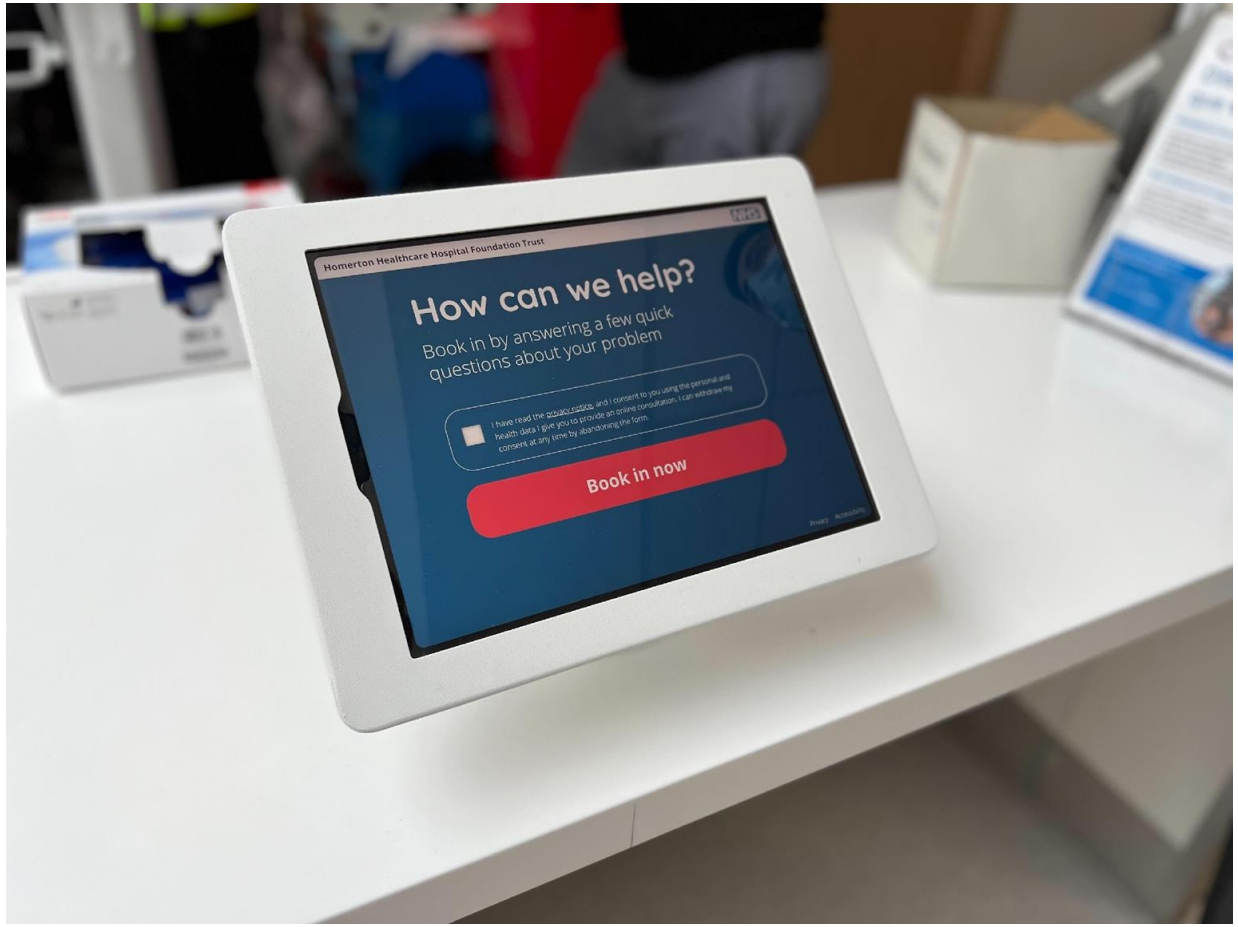
etriage

Queen Mary's Sidcup - Urgent Care Centre

St Richards - Emergency Department

e triage

Homerton University Hospital



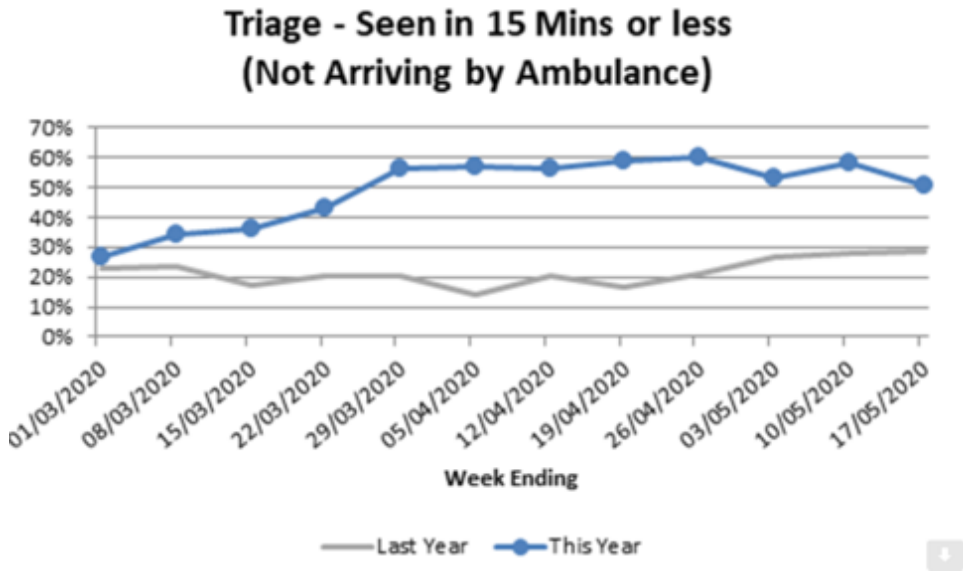
e triage

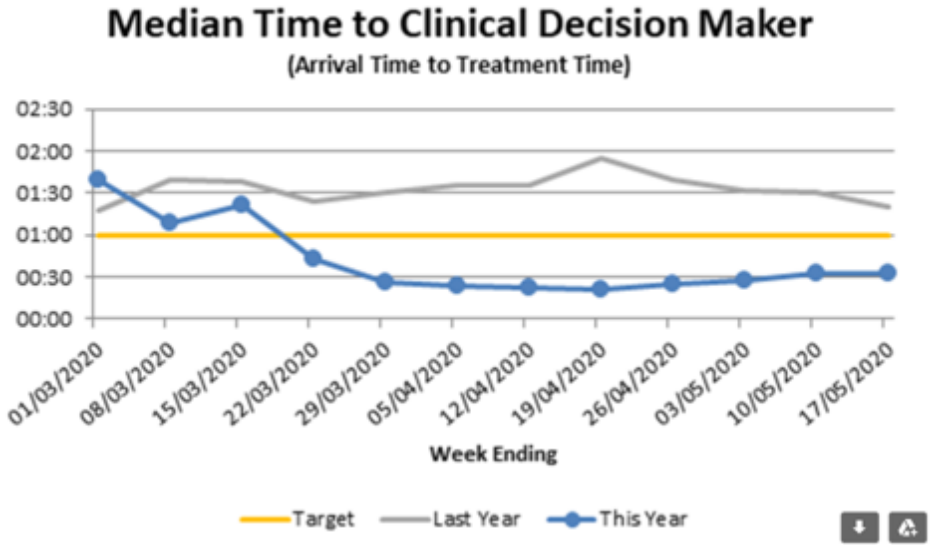
Tailored designs to meet your geographical needs

etriage

Western Sussex ED Data

- Considering 200K attendances
- On average 80% used the platform
- Check-in and triage process is 5 min on average
- Time to initial assessment and to clinical decision maker both improved





Western Sussex key benefits

University Hospitals Sussex NHS Foundation Trust

- Positive patient experience
- Avoids repetition, for patients as well as staff
- Queue management
- Clinical visibility of the waiting room
- Acuity led operation model
- Promotes a calm waiting room and reduction in violence and aggression

Practice Development Nurse - *"Increased safety in the waiting room, it has enabled us to see who needs prioritising whilst they wait to be validated".*

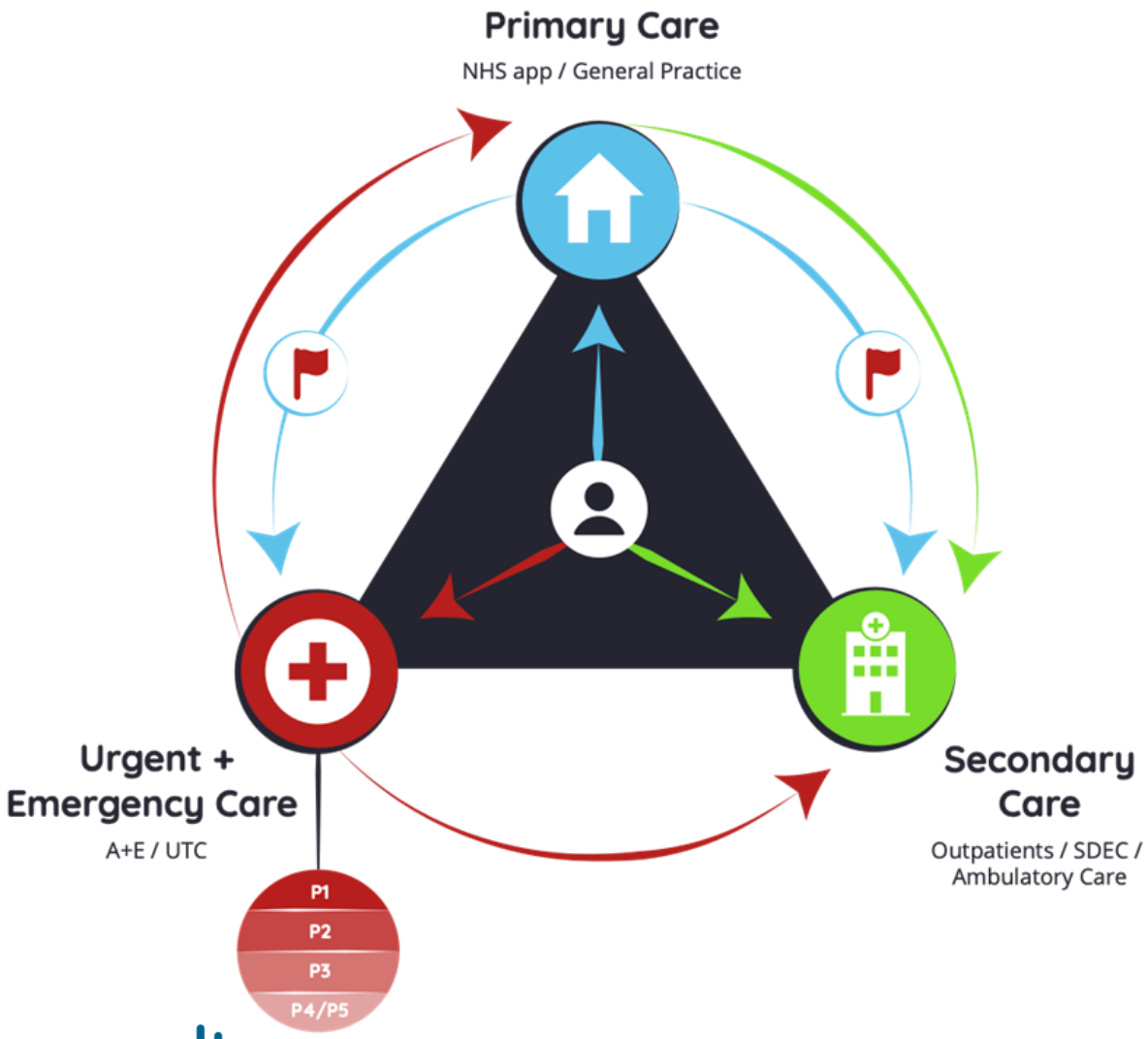
ED Matron - *" Without question promoted privacy and dignity for our patients!".*

ED Consultant - "Freeing up of receptionist time, removal of lengthy queues at reception desk".

ED Consultant - "Enabled clinicians to see patients direct if available as initial parts of triage done"

e triage

Joining the doors



1. Patient submits eConsult through NHS app or GP practice
2. No red flag warnings triggered - eConsult goes to practice
3. Red flags triggered - consultation diverted to ED or UTC
4. GP practice reviews eConsult, a healthcare professional can also refer the patient into SC. Or, connect to CPCS or local pharmacy services if appropriate

1. Patient submits eTriage and walks into ED or UTC
2. The patient's symptoms are then triaged into 1 - 5 priority score
3. **P1** - Medical emergency
   P2 - Majors
   P3 - Majors and minors
   P4/P5 - Minors and redirection
4. If patient is triaged into P5, they are redirected back to PC
5. Patient could also be referred to specialist in SC or SDEC

1. Patient may be consulted by their GP after completing eConsult and then referred to SC specialist
2. Or, patient submits eSpecialist. The consultant receives pre-consultation information to enable ordering and remote management, with option for video consultation

econsult

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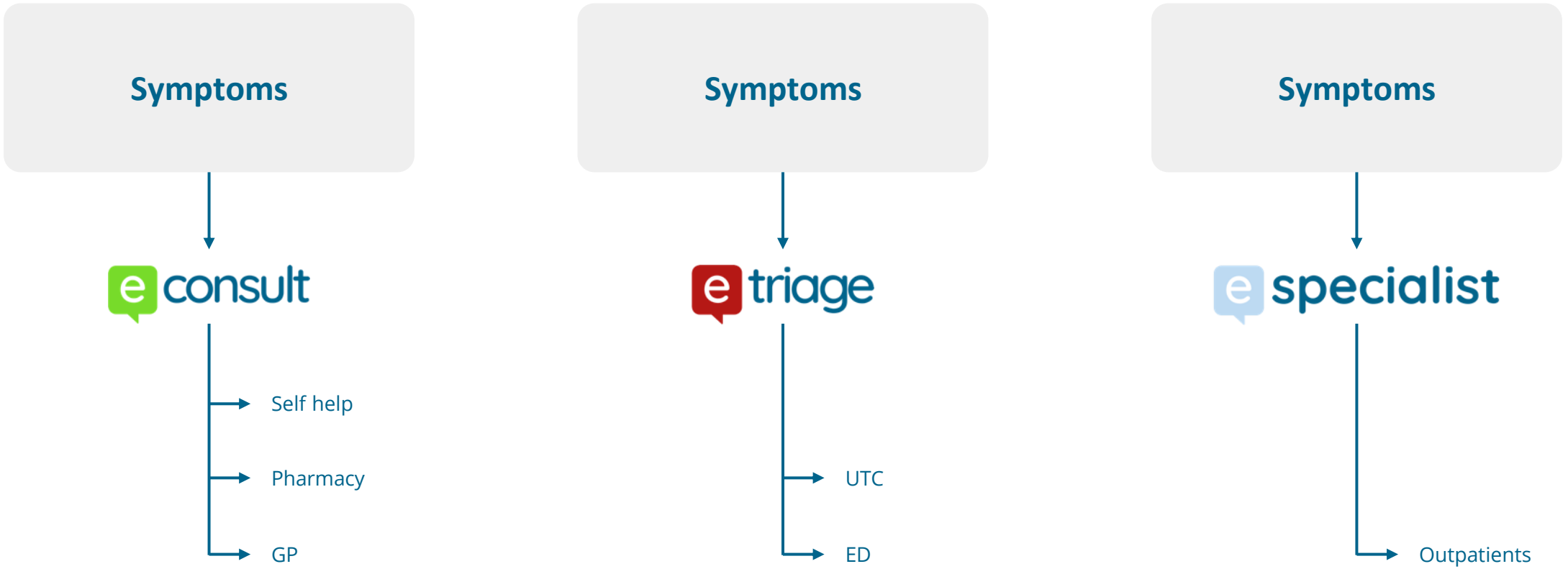
From 3 entry points covering 3 doors



econsult

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Why eTriage?

- Developed by UEC **Clinicians** for UEC Clinicians
- **Easy to use** for patients
- Clear **user interface** for clinicians
- Collects all **ECDS** data
- Risk stratifies patients **safely**
- Full clinical **interoperability** with systems
- Dedicated **transformation** team
- **Consultative** approach
- Regularly provided **data dashboards**

Questions?

Key points of differentiation

Redirection Tools	eTriage
Validates someone is in the right place (they still need to join the queue to check in after)	Check-in and triage tool on arrival – no need to queue
Repetitive patient journey, having to tell administration front desk staff and clinicians what they just submitted into the digital tool	Patient experience improved as privacy and dignity maintained, not providing sensitive information in open plan waiting rooms with no need for repetition
No visibility of patient risk stratification in the waiting room	Full visibility of life threatening and/or limb critical patients in the waiting room
If re-directed to UTC, patient still needs to check in as they will not be visible on the PAS system	Low priority are flagged to staff for quick validation and auto-streaming within department, patients are satisfied they have been seen and heard
If re-directed to GP, patient will need to contact GP surgery to get an appointment	Low acuity identified very quickly for ED care navigator/streaming re-direction to other healthcare providers
Does not do a full triage history	Takes full triage history and triages into p1-p5 supporting with ED workflow
Does not collect ECDS or history data	Collects ECDS and history take data
Does not check-in patients so queues still unavoidable	Avoids queues
Does not integrate with clinical system	Integrates with clinical system for seamless operation
No audit trail of patient encounter	Full audit trail of patient encounter
Re-direction by streaming nurse only with limited triage history	redirection/auto-streaming with full triage history & risk stratification provided to nurse.

The Patient Flow Conference 2022

SPEAKING NOW

Stuart Hosking-Durn

Head of Central Operations
University Hospitals of Morecambe Bay NHS Foundation Trust

I will discuss…

"Improving patient flow and safety through better use of digital solutions"

We are UHMBT

Together, we are creating a great place to be cared for and a great place to work

NHS
University Hospitals of Morecambe Bay
NHS Foundation Trust

Improving patient flow and safety through better use of digital solutions

Stuart Hosking-Durn, Head of Resilience & Patient Flow

Morecambe Bay setting the context

- Integrated Care Trust
  - 3 acute hospital sites
  - 2 community bedded sites
  - 50+ community team locations
  - c 8,500 staff
  - c 370,000 citizens
  - 1,000 sq miles
  - NMC2R currently accounts for 26% of G&A beds
  - Future boundary changes due to LA split could increase this area leading to more challenges

Maximising digital to enhance patient safety, experience & flow

- The case for digital
  - Urgent & Emergency Care is not as unpredictable as some believe
  - Artificial Intelligence (AI) systems used by strong Business Intelligence (BI) teams are here already
  - Decision makers are under pressure and don't have time to go hunting for data with which to make decisions
  - We need to be ahead of the curve, long & medium term plans are not going to make this winter any easier, but short term data 3-7 days ahead could!

Hospitals 'desperate' to discharge patients admit ambulance delays are a 'threat to life'

Exclusive: 'Overstretching nursing care on a ward can result in elderly patients lying in their own urine' warns Dr Louella Vaughan

Rebecca Thomas Health Correspondent • Monday 24 October 2022 08:37 • 7 Comments

Patients wait two and a half days for an ambulance as NHS crisis deepens

50,000 extra deaths from heart attacks and strokes since the start of the pandemic while 999 calls take up to 52 minutes to be answered

By Laura Donnelly, HEALTH EDITOR
5 November 2022 • 9:00pm

NHS

Thousands at risk as A&E queues stop NHS paramedics attending 999 calls

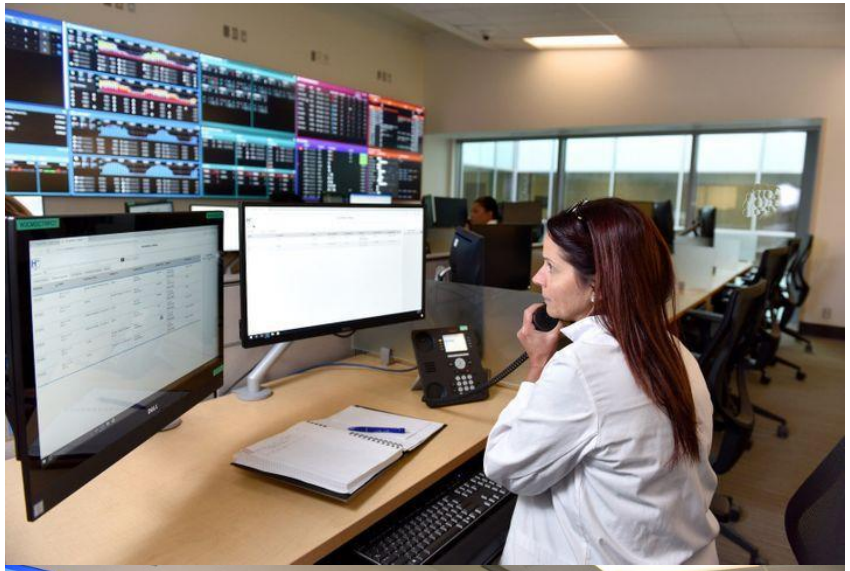
Paramedics in England missing 117,000 urgent calls each month, as CQC warns of 'worrying new status quo'

Denis Campbell *Health policy editor*
Fri 21 Oct 2022 16.36 BST

The amount of time crews had to wait outside A&E units meant they were unavailable to attend almost one in six incidents. Photograph: Chris J Ratcliffe/Getty Images

New tools added to the armoury

- Deteriorating Patient Alert System (DPAS)
  - Digital recording of NEWS2 within the EPR alerts acute care team/clinical site managers (CSMs) to patients who need to be on the radar
- Ping alerts
  - Reducing delays in notifying CSMs which patients need urgent isolation
- Bye-Bye Bleep
  - Task management for junior doctors/ANPs
- Stroke Tracker
  - Making sure in the midst of ED pressures we maintain appropriate pathways to reduce harm



Deteriorating Patient Alert System - DPAS

- At every observation round the patient's specific metrics (NEWS2) are electronically entered into Lorenzo (EPR), this report automatically scans all records and flags to the CSM and Acute Care Team those who need most

Ward	bed	Site	Age	LOS	ICU Disch... Hours	Latest Obs	EWS	BP	Resp	H...	O2 Sat	O2 l/m	Temp	AVPU	Sepsis
RLI WARD 4	Bed 01	RLI	76	24	-	14/11/2022 15:04:00	9	91/59	26	96	93	2	36.9	Alert	-
FGH Ward 9 and Coniston Suite	Bed 04	FGH	82	5	-	14/11/2022 14:14:00	7	170/118	43	143	95	-	37.9	Alert	-
RLI Ward 35 Resp	Bed 01	RLI	39	5	-	14/11/2022 13:54:00	7	104/78	23	111	92	-	36.8	Alert	-
FGH High Dependency/Coronary Care Unit	Bed 01	FGH	55	4	-	14/11/2022 10:26:00	7	127/75	22	96	95	3	36.8	Alert	-
RLI Ward 35 Resp	Bed 17	RLI	84	5	-	14/11/2022 13:31:00	6	114/68	21	100	94	6	36.4	Alert	-
FGH Ward 6 Gen Med/Elderly	Bed 01	FGH	89	26	-	14/11/2022 13:49:00	6	82/59	18	104	95	-	36.0	Alert	-
RLI Coronary Care Unit	Bed 08	RLI	79	37	-	14/11/2022 13:10:00	6	92/59	16	60	92	3	36.5	Alert	-
RLI Ward 35 Resp	Bed 08	RLI	79	18	-	14/11/2022 14:10:00	5	94/58	40	89	92	-	36.1	Alert	-
RLI Acute Medical Unit GREEN	Bed 15	RLI	88	1	-	14/11/2022 11:32:00	5	151/69	29	104	86	-	37.3	Alert	-
RLI Lancaster Suite	Bed 18	RLI	76	9	-	14/11/2022 13:53:00	5	132/75	24	92	92	2	36.9	Alert	-
FGH Ward 7 Gen Med/Elderly	Bed 26	FGH	82	1	-	14/11/2022 13:31:00	5	128/69	21	96	90	1	37.5	Alert	-
FGH Ward 7 Gen Med/Elderly	Bed 28	FGH	65	4	-	14/11/2022 14:53:00	5	142/84	20	109	93	0.5	37.0	Alert	-

Dashboard

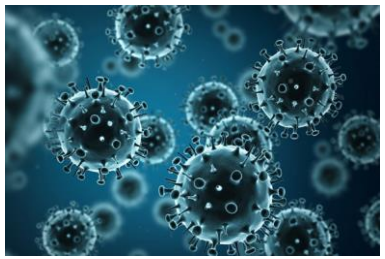
FGH 7+	RLI 7+	WGH 7+
2	2	0

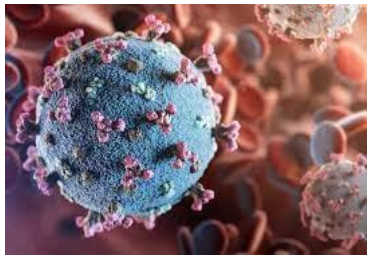
Site: FGH | RLI | WGH

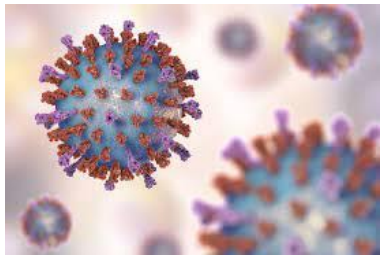
NEWS Score: 0-4 | 5-6 | 7+

Ping Alerts

- The Qlik system provides an interface for multiple clinical systems and once set for known parameters can send automated Ping alerts to key devices held by clinicians (DPAS)
- The system also links to our laboratory system and is currently set to send an alert upon positive confirmation of
  - COVID-19
  - Influenza (within 3 weeks)
  - Potential developments (RSV, Norovirus etc)







EE 16:59 70%

Qlik

Hi **Ian**,

Your Qlik alert, **DPAS - Newly over 7**, has been triggered. Please see below for the details.

Alert Name	DPAS - Newly over 7
Application Link	Deteriorating Patient Alert System (DPAS)

Current Data	
SiteWardRTX	**Newly 7 +**
RLI - RLI WARD 4 - RTX0480660	1.00

Logon to Qlik Alerting to edit this alert.

Unsubscribe from this alert.

Bye-Bye Bleep

- Tasking is a perennial problem
  - Switchboard queues
  - Knowing the message was received
  - Which job comes first?
- BBB is based around iPhone technology linked to the Trust's WiFi network which is power backed-up to N+1 standard
- Each doctor/ANP is assigned a task list appropriate to their role/grade
- System is auditable to so can be used for training & education purposes, clinical safety incident investigations etc

Task list

Patien...	RTX	Type	Required
173266	RTX8098405	Pharmacy Order	14/11/2022 18:24:06
173267	RTX0103904	Review Results	14/11/2022 18:25:17
173268	RTX0372340	Discharge Summary Required	14/11/2022 14:37:30
173269	RTX0073190	Review Results	14/11/2022 16:33:57
173270	RTX0146353	Review Results	14/11/2022 18:37:35
173271	RTX0271745	Telephone Discussion	14/11/2022 18:46:49
173272	RTX0122730	Review Results	14/11/2022 18:53:31

Task list

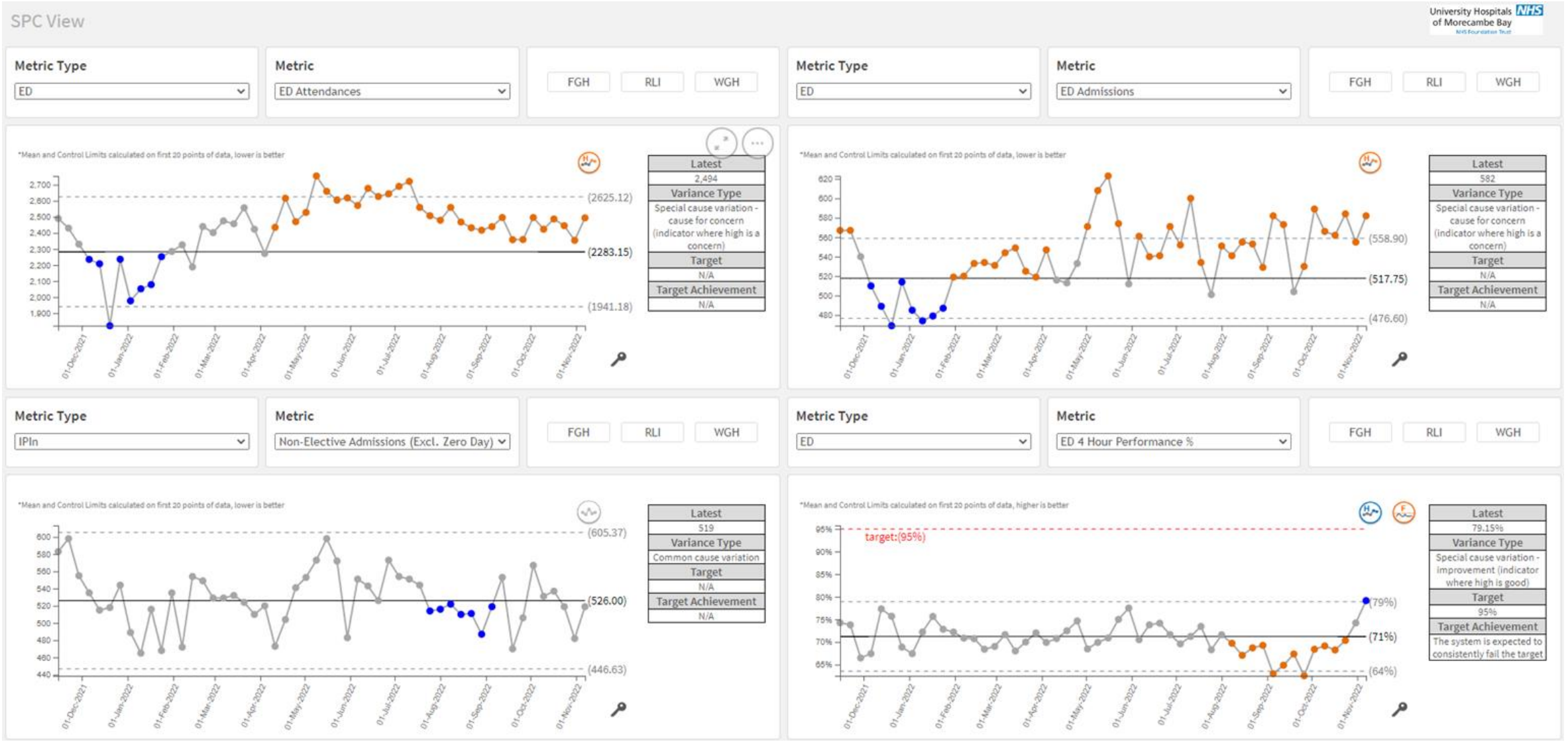
Patien...	RTX	Type	Required	Comments	Current Ward	Created By	Status	Priority

Stroke Tracker

- Patient arriving under the stroke pathway (NWAS, HCP referral or self-present) can now be tracked from point of arrival through the key stages of investigation & treatment against the metrics identified in the SSNAP system
  - SSNAP - Home (strokeaudit.org)
- Visual representation of data is shown in both the stroke unit and CSM office
  - (Ping alerts of the future?)

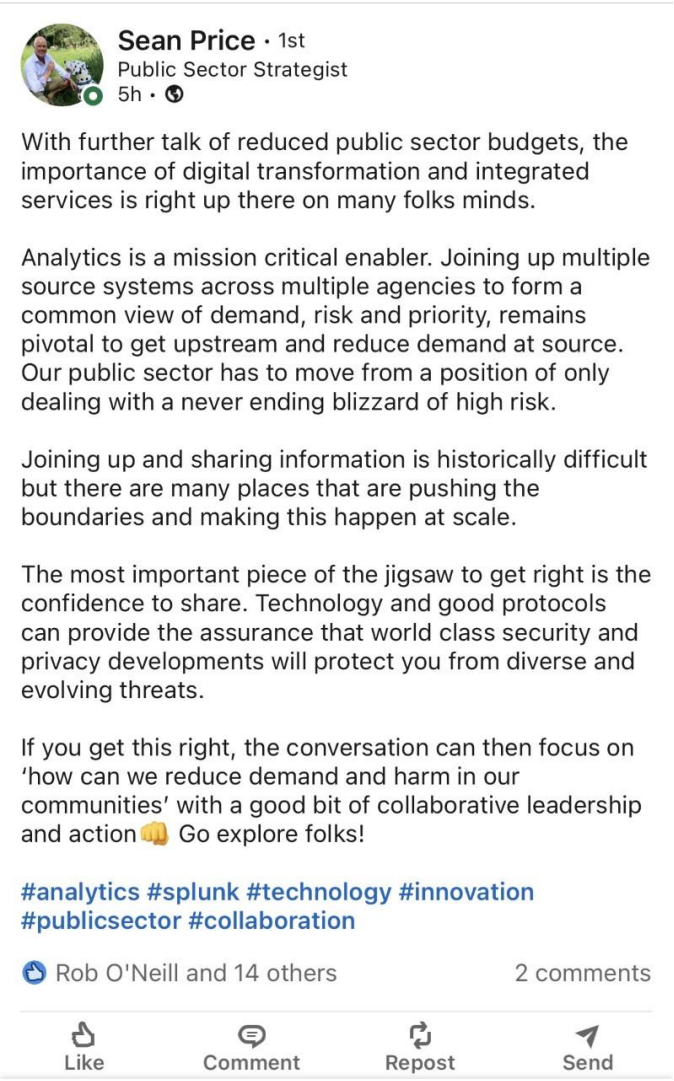
Arrived Date/Time	Time Since Arrival	RTX Number	Initials	Current Location	Brain Scan Requested	Brain Scan < 1 Hour	Dysphagia Screen < 4 Hours	Thrombolysis Status	Stroke Ward Admission < 4 Hours	Seen By Stroke Nurse < 24 Hours'	Seen By Stro Consultant < 24
14/11/2022 14:09:00	1 Hours 19 Mins	RTX2067440	LB	FGH ED	Complete	Complete	Requires Action	No Thrombolysis Recorded	Requires Action	Requires Action	Requires
14/11/2022 12:04:00	3 Hours 24 Mins	RTX0573735	PS	RLI ED	Complete	Complete	Requires Action	No Thrombolysis Recorded	Requires Action	Requires Action	Requires
14/11/2022 11:20:00	4 Hours 8 Mins	RTX2055658	JL	RLI Ambulatory Stroke Unit	Complete	Complete	Overdue	No Thrombolysis Recorded	Complete	Requires Action	Requires
14/11/2022 10:56:00	4 Hours 32 Mins	RTX1010219	GC	FGH ED	Complete	Complete	Overdue	No Thrombolysis Recorded	Overdue	Requires Action	Requires
14/11/2022 09:08:00	6 Hours 20 Mins	RTX0651510	DB	RLI Huggett Suite	Complete	Complete	Overdue	No Thrombolysis Recorded	Complete	Requires Action	Requires
14/11/2022 09:04:00	6 Hours 24 Mins	RTX5702886	SB	RLI Huggett Suite	Complete	Complete	Overdue	No Thrombolysis Recorded	Complete	Requires Action	Compl
14/11/2022 07:49:00	7 Hours 39 Mins	RTX1005555	DE	FGH Medical SDEC	Complete	Complete	Overdue	No Thrombolysis Recorded	Overdue	Requires Action	Compl
13/11/2022 19:29:00	19 Hours 59 Mins	RTX8189090	DR	RLI Huggett Suite	Complete	Complete	Complete	No Thrombolysis Recorded	Complete	Complete	Compl
13/11/2022 15:01:00	1 Days 0 Hours	RTX6079161	NM	FGH Acute Medical Unit	Complete	Complete	Overdue	No Thrombolysis Recorded	Overdue	Overdue	Compl
13/11/2022 14:03:00	1 Days 1 Hours	RTX6082041	JV	FGH Ward 6 Gen Med/Elderly	Complete	Complete	Complete	No Thrombolysis Recorded	Complete	Complete	Compl
13/11/2022 10:55:00	1 Days 5 Hours	RTX0122730	RB	RLI Huggett Suite	Complete	Complete > 1 Hour	Complete	No Thrombolysis Recorded	Complete	Complete	Compl

SPC v predictor models



Moving forward

- Site meeting agenda
  - Action not debate – what, by whom, by when?
  - Data integrity – what, so what?
- Clinically led
  - Clinicians taking the lead role at the TACTICAL command level 24/7
  - Resilient approach to winter 22/23
  - Aligns with the requirements of the new Minimum Occupational Standards
    - NHS England » Minimum occupational standards for Emergency Preparedness, Resilience and Response (EPRR)
- System Control Centres
  - BW2084-system-control-centres-october-22.pdf (england.nhs.uk)



Sean Price · 1st
Public Sector Strategist
5h ·

With further talk of reduced public sector budgets, the importance of digital transformation and integrated services is right up there on many folks minds.

Analytics is a mission critical enabler. Joining up multiple source systems across multiple agencies to form a common view of demand, risk and priority, remains pivotal to get upstream and reduce demand at source. Our public sector has to move from a position of only dealing with a never ending blizzard of high risk.

Joining up and sharing information is historically difficult but there are many places that are pushing the boundaries and making this happen at scale.

The most important piece of the jigsaw to get right is the confidence to share. Technology and good protocols can provide the assurance that world class security and privacy developments will protect you from diverse and evolving threats.

If you get this right, the conversation can then focus on 'how can we reduce demand and harm in our communities' with a good bit of collaborative leadership and action👊 Go explore folks!

#analytics #splunk #technology #innovation #publicsector #collaboration

Rob O'Neill and 14 others 2 comments

Like Comment Repost Send

We are UHMBT

Together, we are creating a great place to be cared for and a great place to work

NHS
University Hospitals of Morecambe Bay
NHS Foundation Trust

Thank you

The Patient Flow Conference 2022

The Patient Flow Conference 2022

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UP NEXT...

DNV Imatis

The Patient Flow Conference 2022

SPEAKING NOW

Michael Fjeldstad

Solutions Consultant
DNV Imatis AS

Christopher Betts

Business Development & Sales Leader - DNV Imatis

We will discuss…

"The Haraldsplass Hospital Journey"

The Patient Flow Conference 2022

COMFORT BREAK

Please remain logged in, we will begin again shortly.

The Patient Flow Conference 2022

SPEAKING NOW

Emma Bamber

Senior Project Manager
NHS Benchmarking Network

I will be discussing…

"Intermediate Care Service Models and Trends"

Intermediate Care Services Models and Trends

Emma Bamber
Community Sector Lead
NHS Benchmarking Network

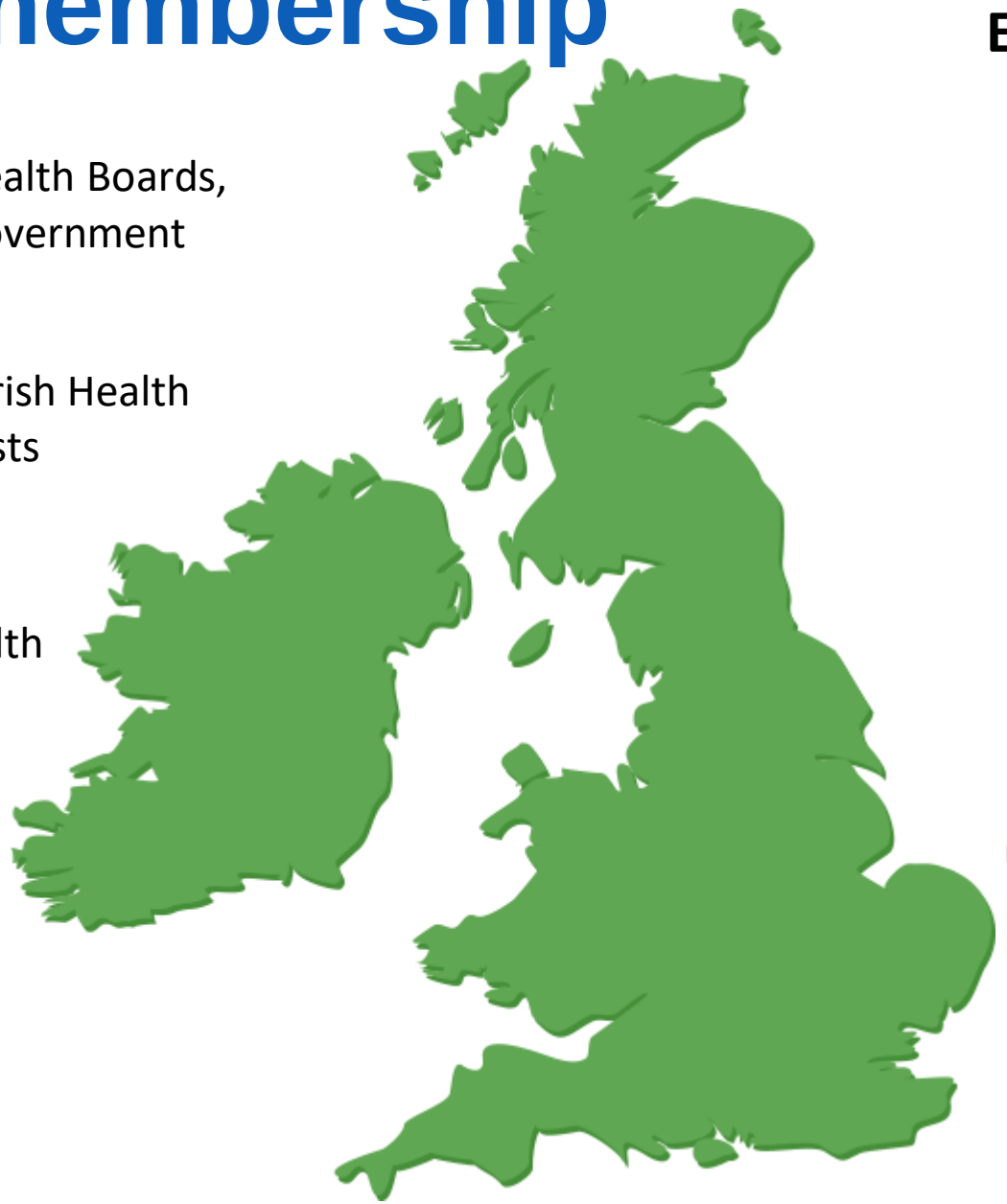
An introduction to the NHS Benchmarking Network

Network membership

100% of Scottish Health Boards, plus the Scottish Government

100% of Northern Irish Health and Social Care Trusts

100% of Welsh Health Boards



England

76% of acute providers

100% of Mental Health Trusts

88% of NHS Trusts providing community services, plus 11 social enterprises

31% of ICBs by population covered

NHS Benchmarking Network

2022/23 work programme

Core Network projects

Acute Sector

- Acute Transformation Dashboard
- Acute Therapies
- Emergency Care
- Managing Frailty in Acute Settings
- Operating Theatres
- Outpatients
- Pharmacy & Medicines Optimisation (Provider)

Community Sector

- Community Indicators (monthly)
- Community Services
- Community Hospital Bed Survey
- **Intermediate Care**

Mental Health Sector

- Adults & Older Adults Mental Health
- Children & Young People's Mental Health Services (CYP MH)
- Learning Disabilities
- Mental Health & Learning Disabilities Covid-19 Dashboard (monthly)

Whole System

- Cost Collection Analysis
- Integrated Care System Benchmarker
- ICS Pilots and Whole System Events
- Summary Opportunity Reports
- Whole Systems Beds

NHS Benchmarking Network

Network resources

Online project toolkits

View the range of data in easy to use online toolkits on a range of key indicators where national data sources are currently limited.
For a tutorial of the pharmacy project toolkit, please click here.

The Integrated Care Benchmarker

Providing a strategic level, whole system overview of healthcare in several domains at an ICS level, with intelligence drill down to CCG and Local Authority level.
For a tutorial of the ICS Benchmarker, please click here.

Summary reports

Easy extraction of summarised analytics and "at a glance" graphics allow local reporting, briefing and presenting.

Knowledge exchange forum

Join a professional network and gain specialist knowledge from resources and contacts with over 10,000 healthcare professionals.

Shared learning and good practice

Share successful practice and service development through case studies and learn from others to identify tangible service improvement opportunities.

Webinar presentations & recordings

Catch up and review content from past webinars, maximising learning and knowledge sharing.

NHS Benchmarking Network

There is no limit to the number of users able to access the Network's resources from a subscribing organisation.

Intermediate Care

What is intermediate care?

A range of integrated services that:

- Promote faster recovery from illness
- Prevent unnecessary acute hospital admissions and premature admissions to long-term care
- Support timely discharge from hospital
- Maximise independent living

Intermediate care services are usually delivered for no longer that 6 weeks and often for as little as 1-2 weeks.

Taken from NICE guideline NG74

Service models

Service model	Aim	Period of service	Workforce
Crisis response (Urgent Community Response)	Assessment and short-term interventions to avoid hospital admission	Short-term – usually less than 48 hours, but may last up to a week	MDT but predominantly health professionals, including GPs, AHPs, District Nurses, etc.
Home-based	Intermediate care assessment and interventions supporting admission avoidance, faster recovery from illness, timely discharge from hospital and maximising independent living	Up to six weeks in most cases	MDT but predominantly health professionals and carers (in care homes)
Bed-based	Prevention of unnecessary acute hospital admissions and premature admissions to long term care and/or to receive patients from acute hospital settings for rehabilitation and to support timely discharge from hospital	Up to six weeks in most cases	MDT but predominantly health professionals and carers (in care homes)
Reablement	Helping people recover skills and confidence to live at home, maximising their level of independence so that their need for ongoing homecare support can be appropriately minimised	Up to six weeks in most cases	MDT but predominantly social care professionals
Integrated MDT	Services covering two or more of the functions described above	Up to six weeks in most cases. Where crisis response services are provided as part of the integrated team, interventions will be short term (usually up to 48 hours) for some service users	MDT incorporating both health and social care professionals. The workforce may also include voluntary, formal carers and third sector representatives.

Network intermediate care project

- The NHS Benchmarking Network ran the National Audit of Intermediate Care from 2013 -2018
- 2022 is the third iteration of the Network's Intermediate Care project for providers
- Follows the service types outlined on previous slide
- Service user audit offered to all participants:
  - Standardised clinical outcome measure
  - Patient Reported Experience Measure (PREM)

Metrics covering:

- System linkages
- Service model
- Referrals
- Activity
- Finance
- Workforce
- HR KPIs
- Quality
- LD provision
- Management of people living with frailty

NHS Benchmarking Network

Intermediate care

Project participation

IC service type	2021 Submissions	2022 submissions
Crisis response	37	43
Home	40	42
Bed	69	104
Re-ablement	13	10
Integrated MDT	19	21

Service user audit

- 1,834 service user questionnaires completed
- 430 PREMs completed
- Note no SUQs/PREMs for Crisis Response due to short term nature of the service

Service type	Service user questionnaires	PREMs
Home	480	82
Bed	899	235
Re-ablement	317	72
Integrated MDT	138	41
TOTAL	**1,834**	**430**

Key findings

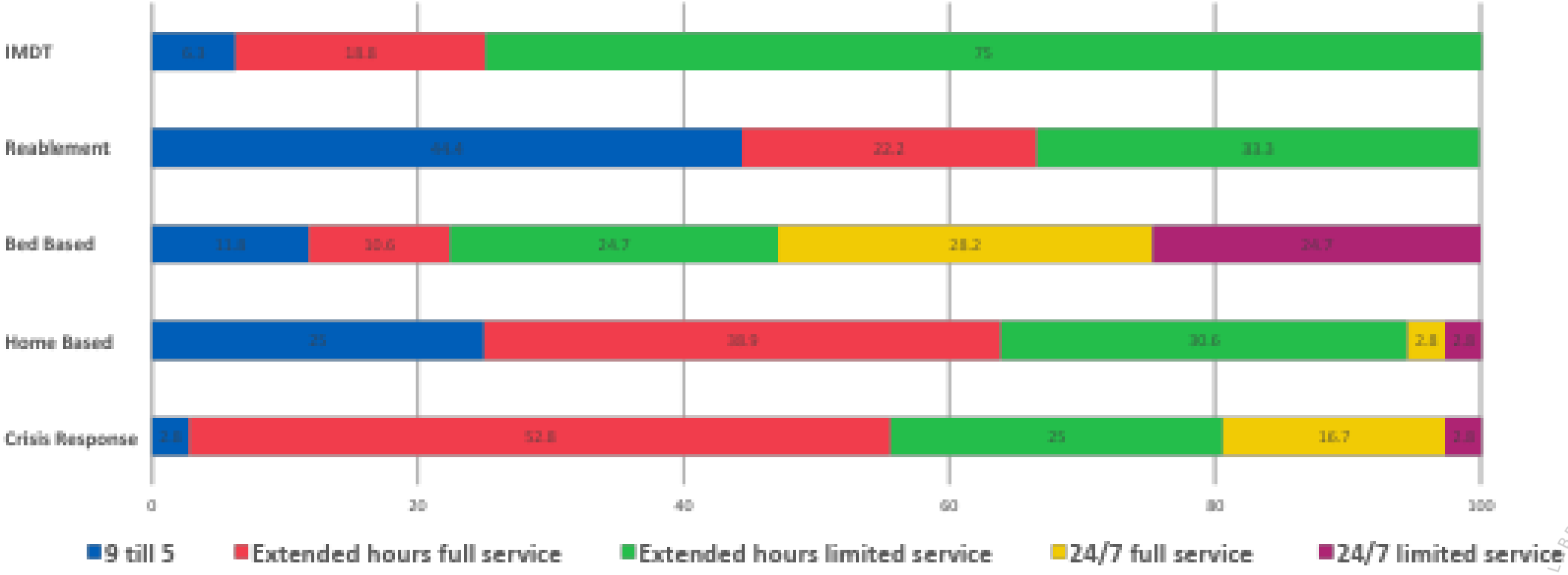
Availability of services

Days open to new admissions

NHS Benchmarking Network

Availability of services

Hours open to new admissions



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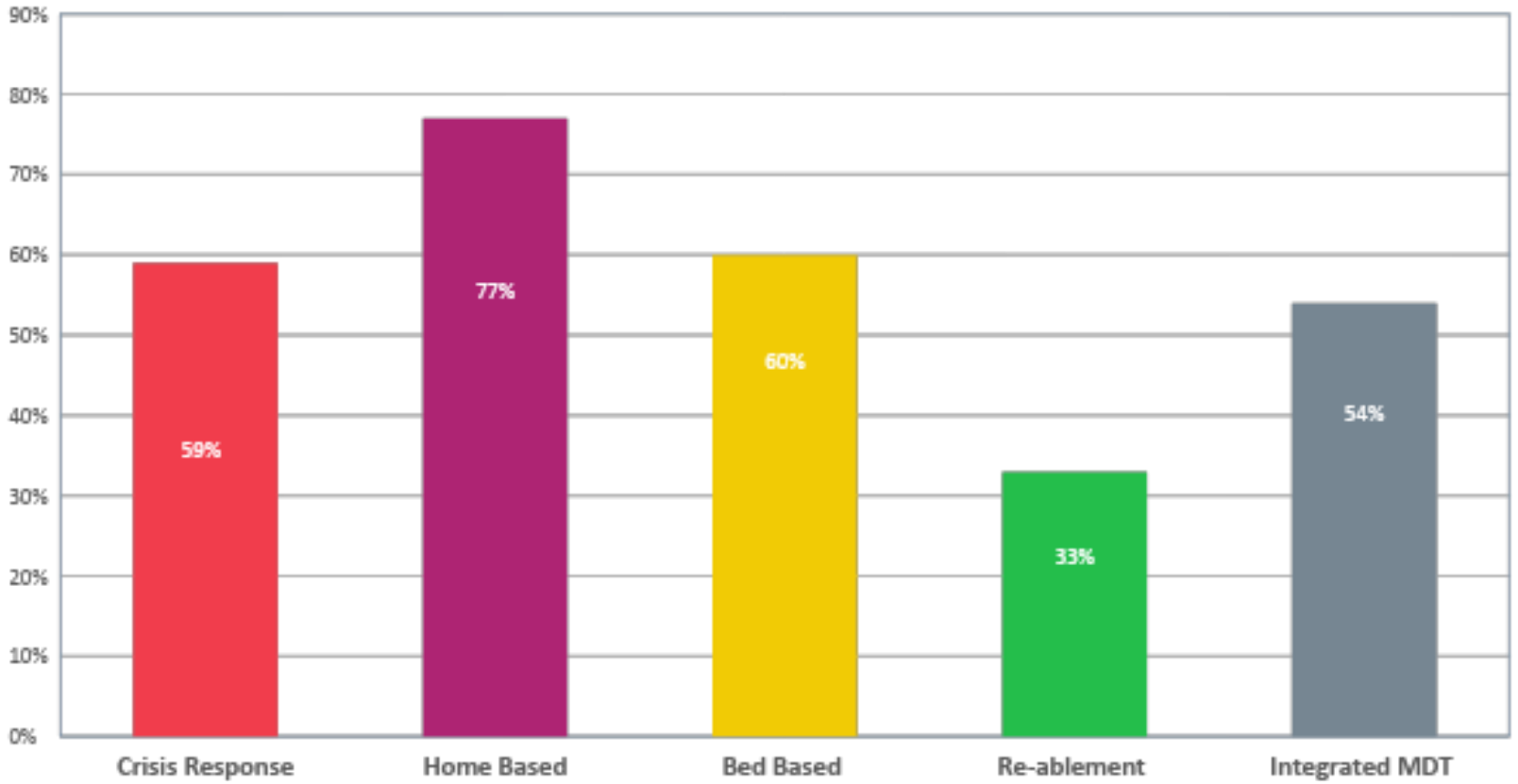
Service model

Proportion of referrals triaged virtually (mean)

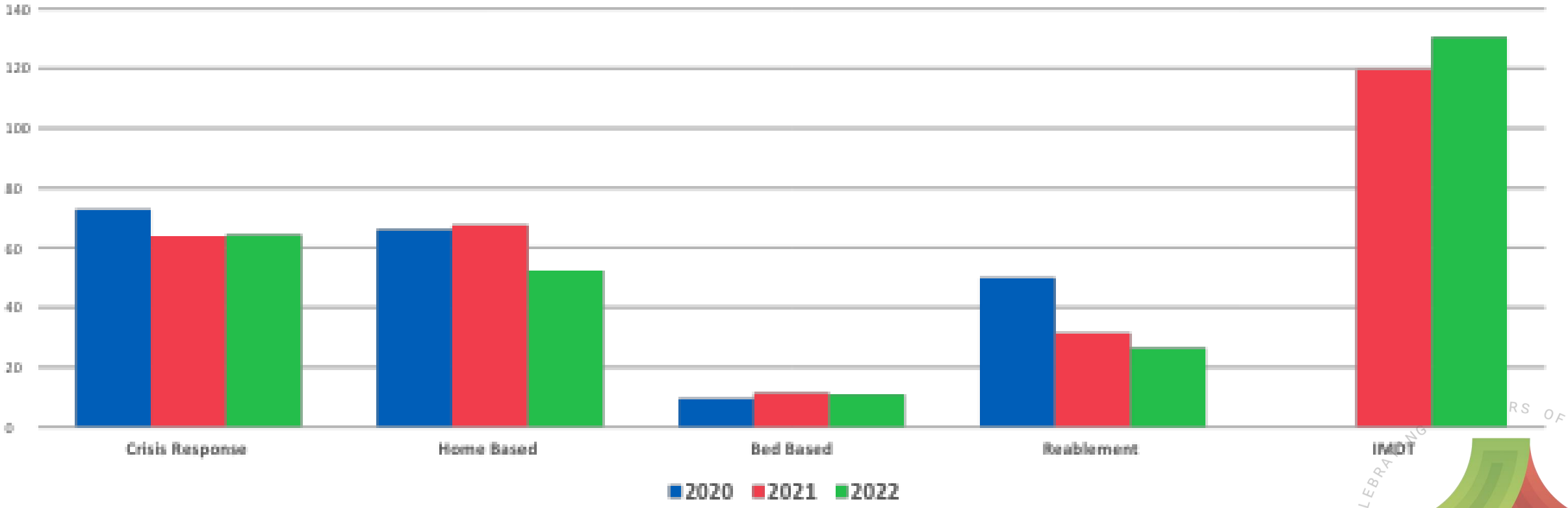


Accessed via a Single Point of Access? (2022 response)	
Crisis response	78%
Home based	94%
Bed based	84%
Re-ablement	100%
IMDT	87%

NHS Benchmarking Network

Referrals

Total number of referrals per week



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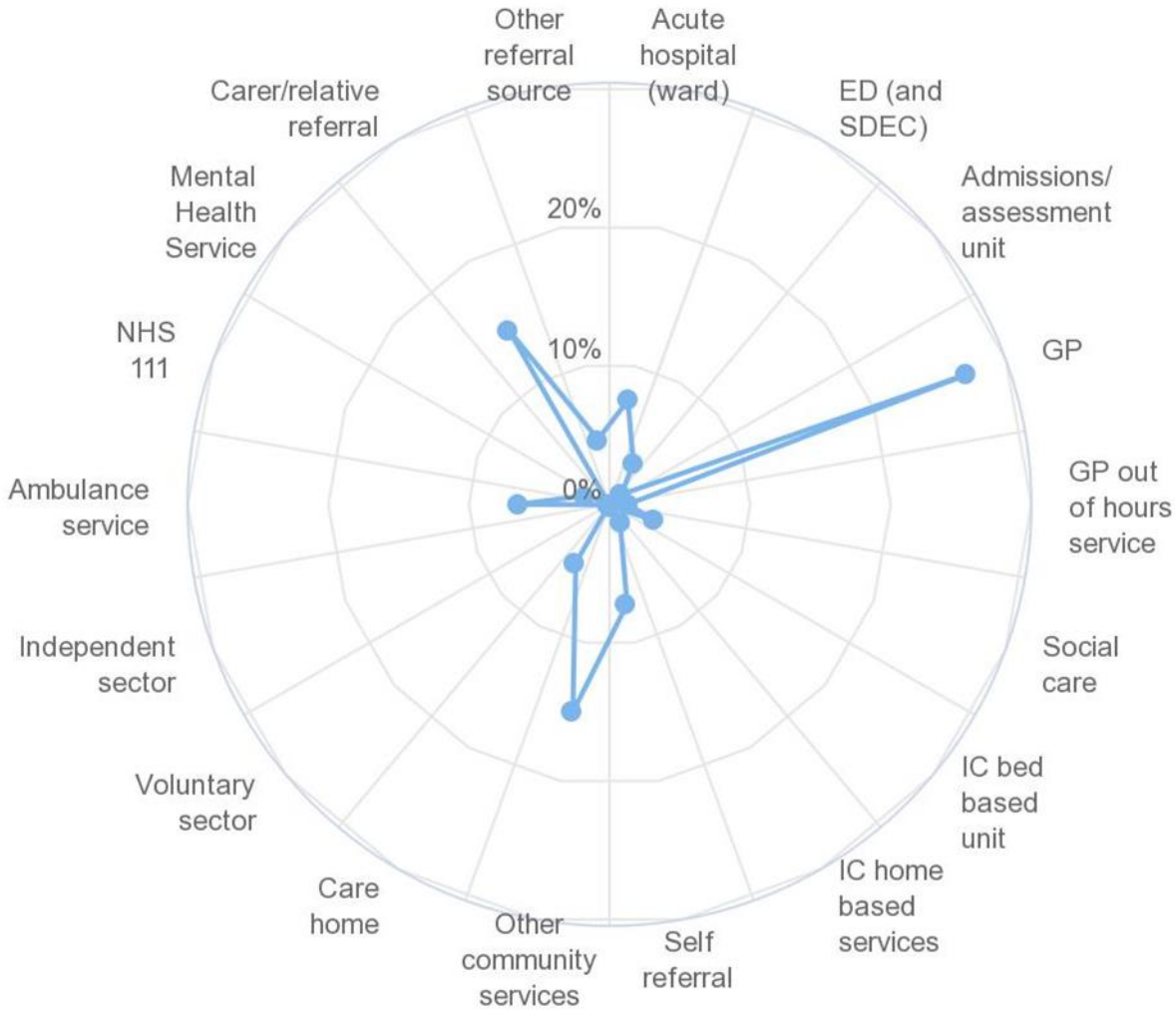
Source of referrals

Crisis response

Source of referral	Sample average
GP	27.1%
Other community services	15%
Carer/relative referral	14.3%
Acute hospital (ward)	7.5%
Self referral	7.2%
Ambulance service	6.5%
NHS 111	1.8%

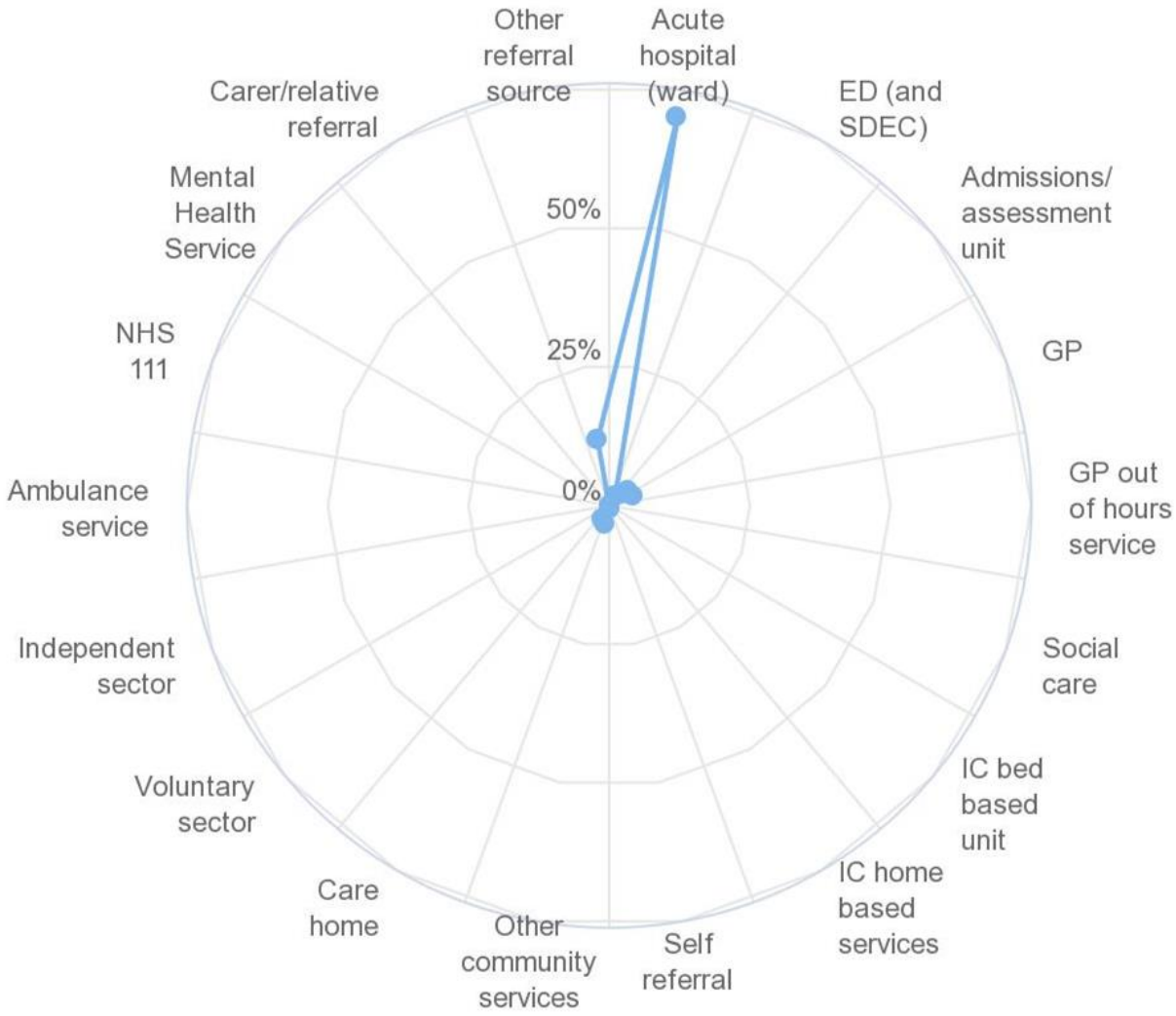


NHS Benchmarking Network

Source of referrals

Bed-based

Source of referral	Sample average
Acute hospital (ward)	70.4%
Other hospital sources	6.5%
Other referral source	11.8%
GP	4.7%

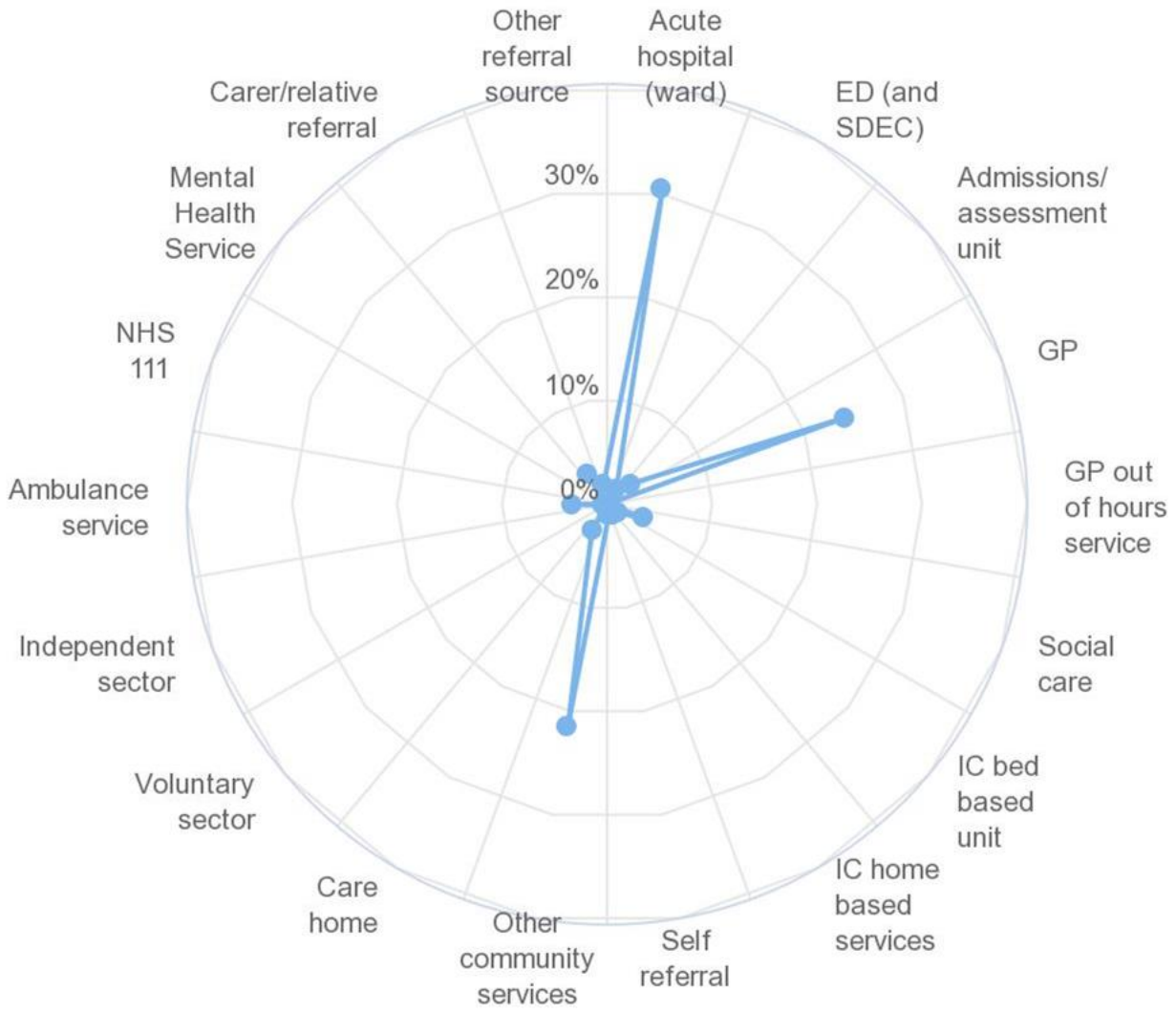


NHS Benchmarking Network

Source of referrals

Home-based

Source of referral	Sample average
Acute hospital (ward)	30.6%
GP	24.1%
Other community services	21.4%



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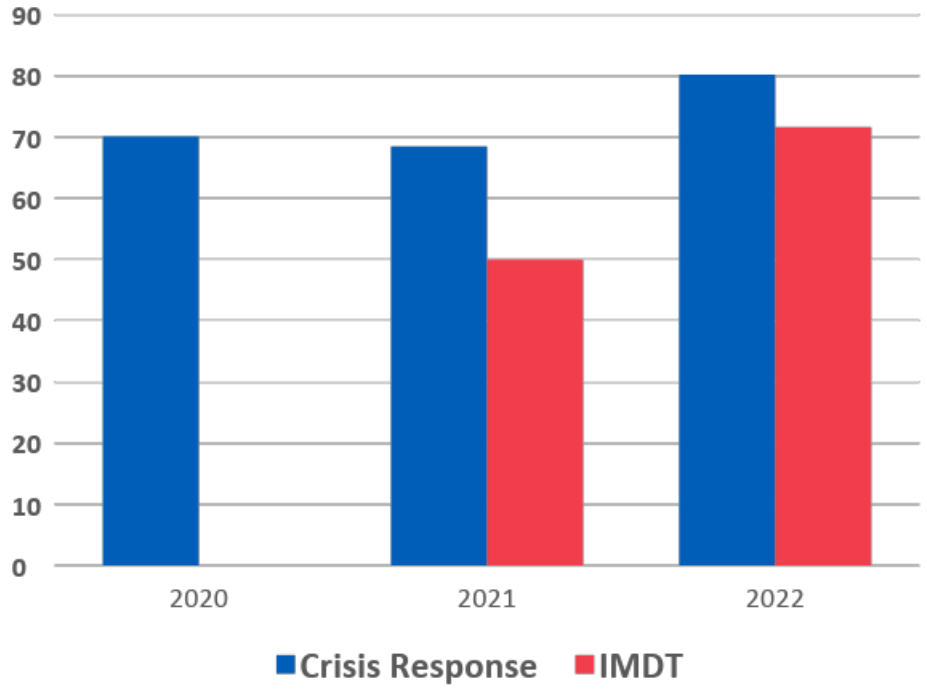
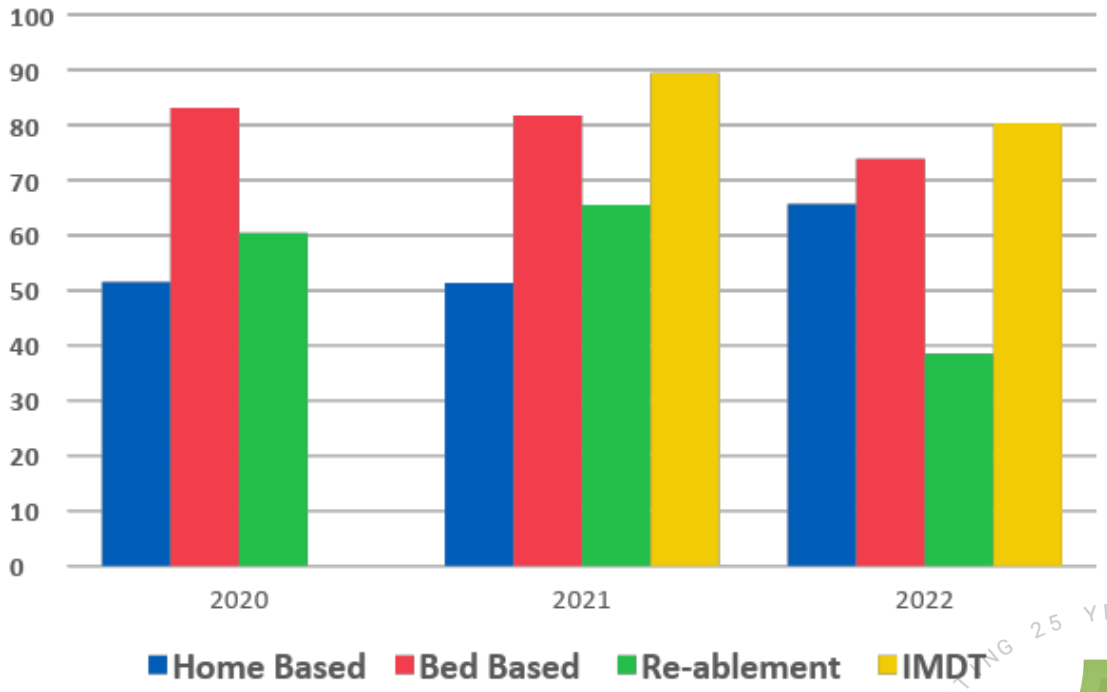
National waiting time standards (England only)

2 hour wait – crisis response



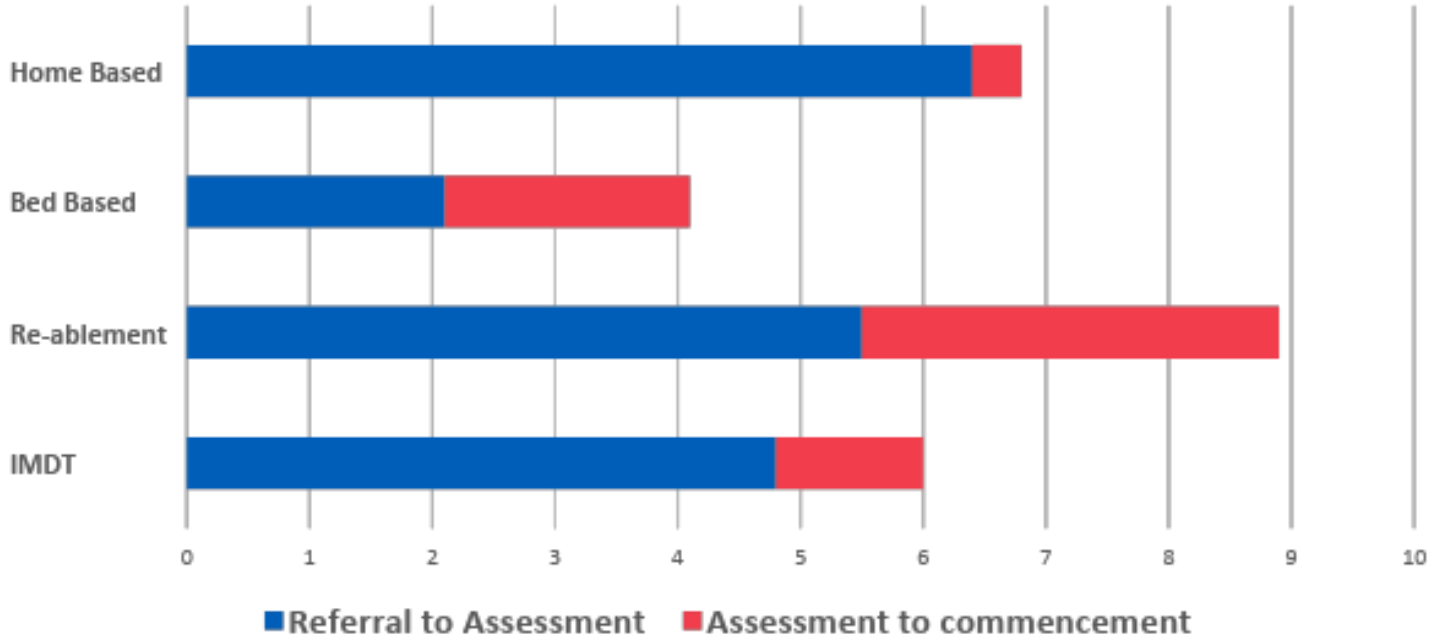
2 day wait – home, bed and re-ablement



NHS Benchmarking Network

Intermediate care – waiting times

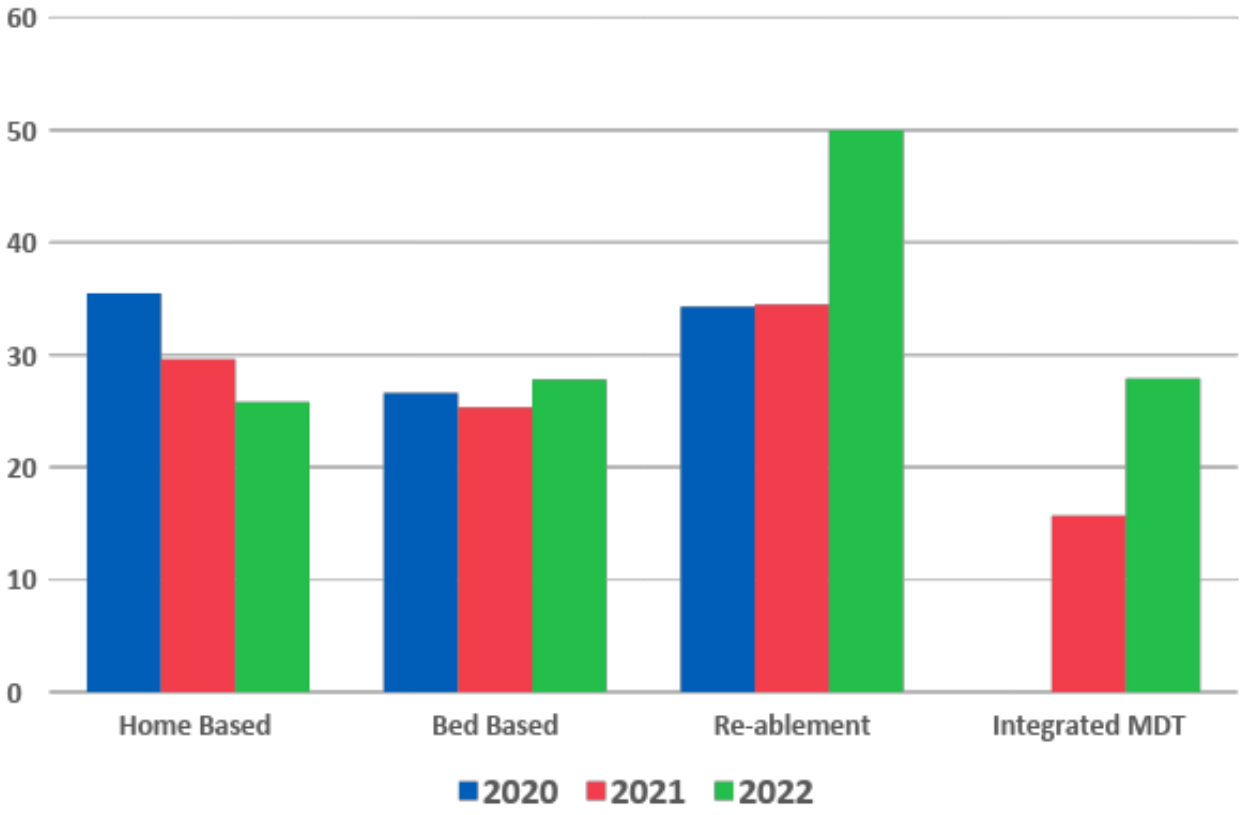
Mean average time from referral to assessment & assessment to commencement (days)



Average time (total) days	2020	2021	2022
Home based	12.3	7.5	6.8
Bed based	2.4	2.9	4.1
Re-ablement	4.7	7.3	8.9
IMDT	N/A	1.8	6

Duration of service

Duration of service in days (mean)



Duration of service (hours)	2020	2021	2022
Crisis response	147	112	145

Duration of service (days)	2020	2021	2022
Home based	35.5	29.6	25.8
Bed Based	26.6	25.3	27.8
Re-ablement	34.3	34.5	50
Integrated MDT	N/A	15.7	27.9

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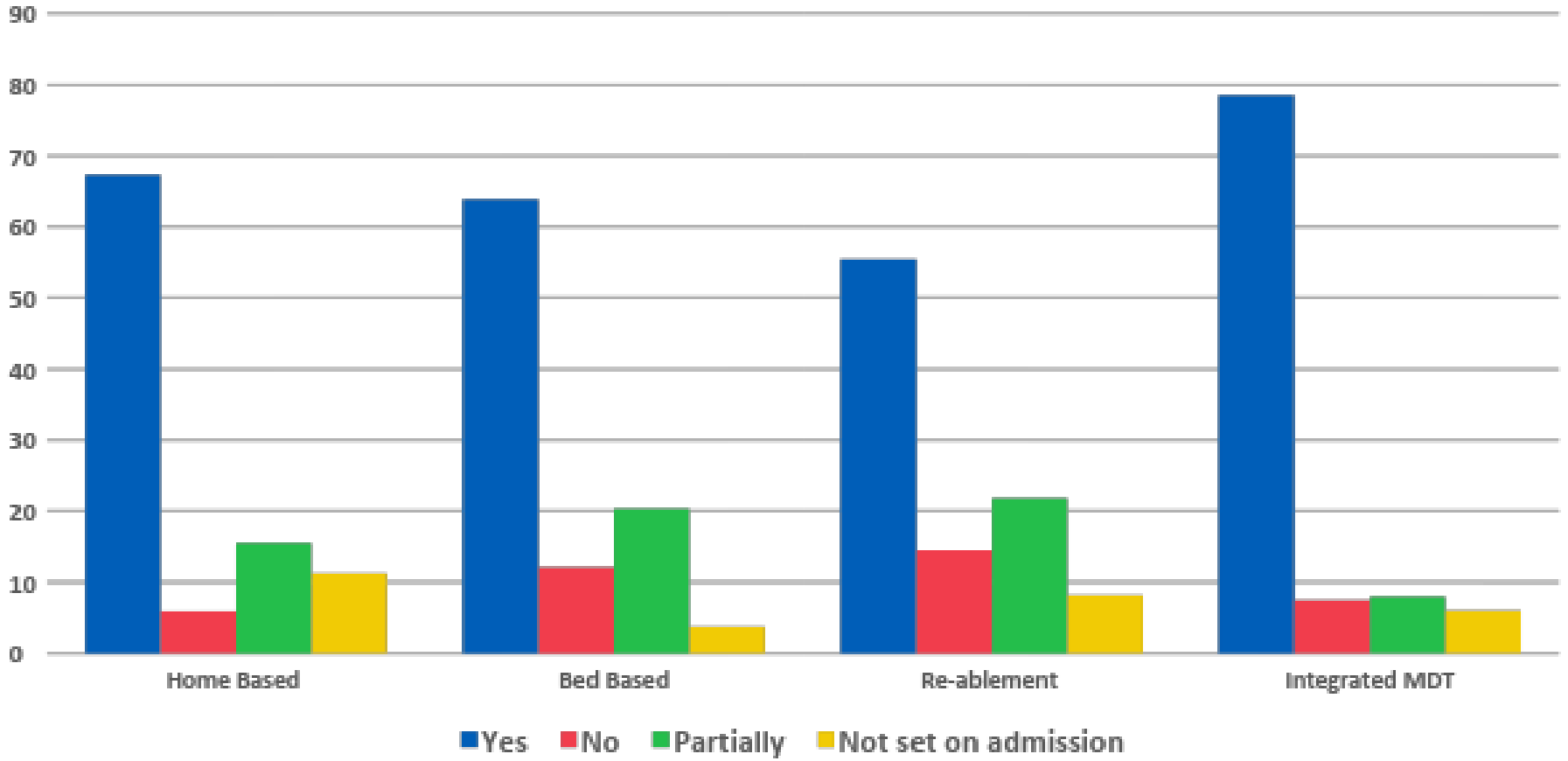
Intermediate Care

Intermediate Care Goals Achieved (%)



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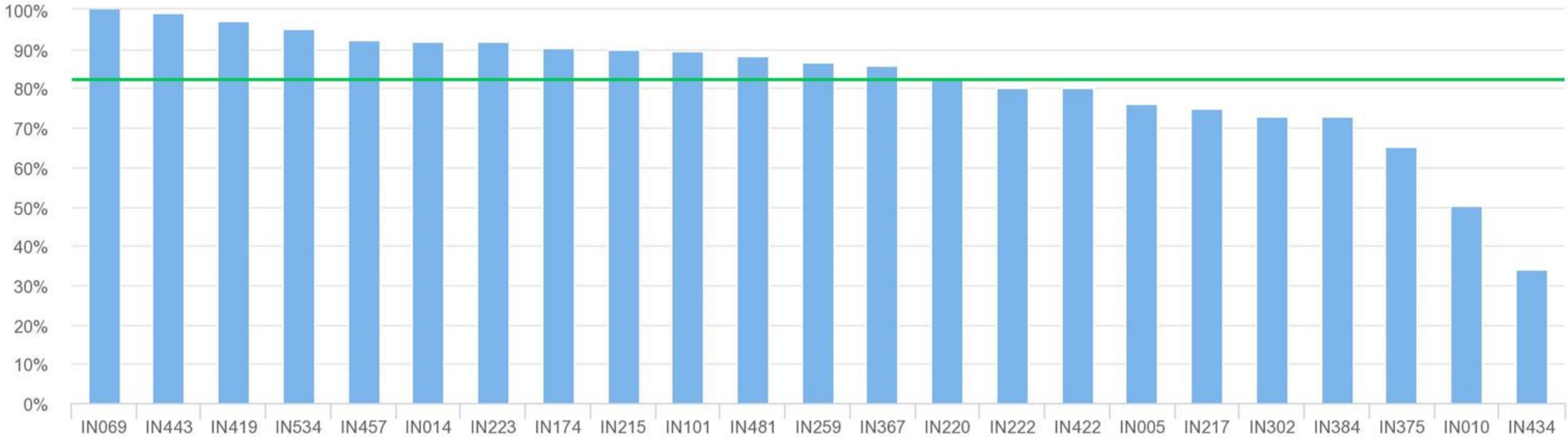
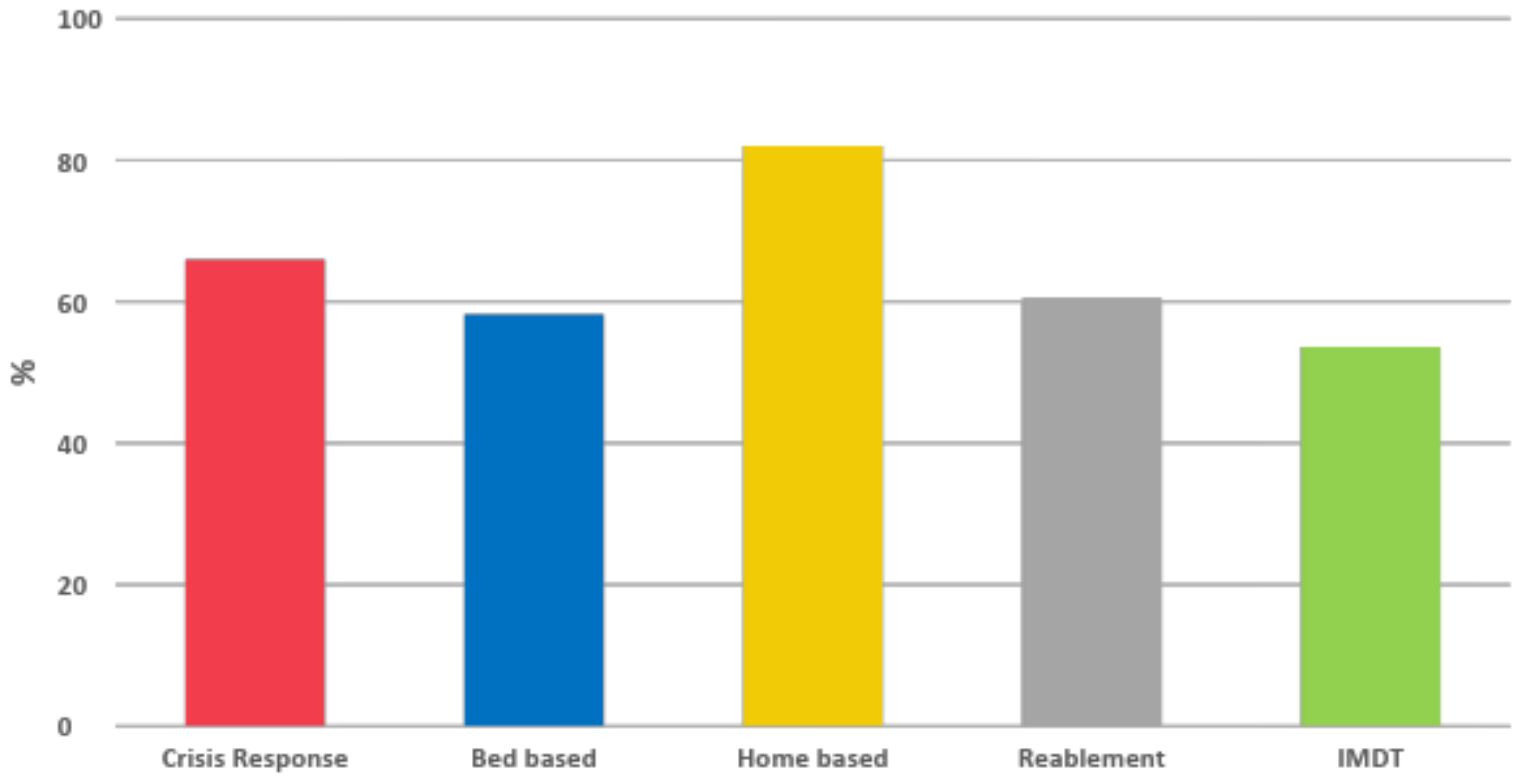
Crisis response outcomes

Percentage of referrals to crisis response services that were resolved by intervention from the crisis response service directly



Intermediate Care Outcomes

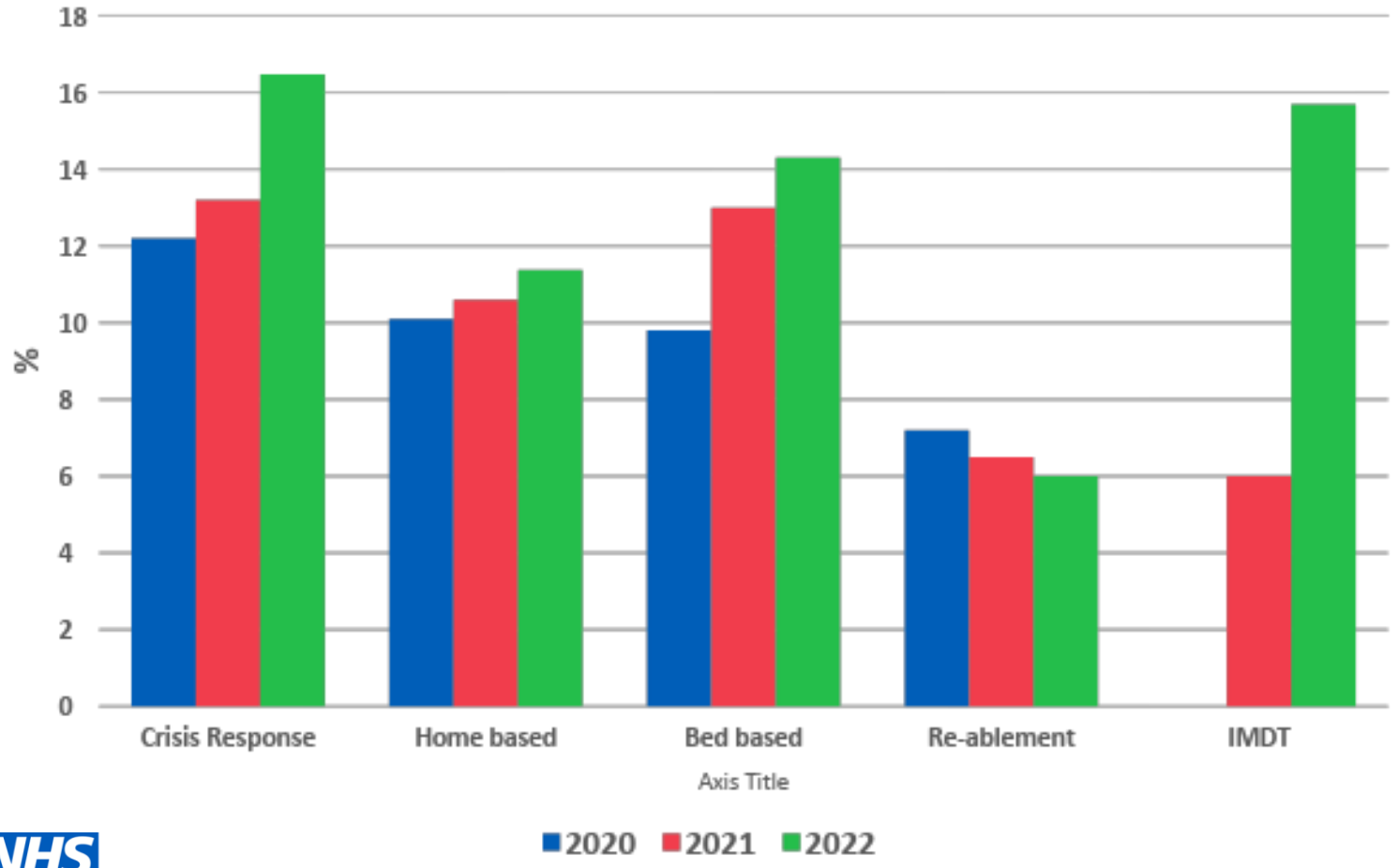
Destination on discharge to home (mean)



Destination on discharge	2020	2021	2022
Crisis response	65%	69%	66%
Bed based	67%	60%	58%
Home based	61%	60%	82%
Re-ablement	77%	76%	60%
IMDT	N/A	76%	54%

Workforce

Vacancy rate (mean)

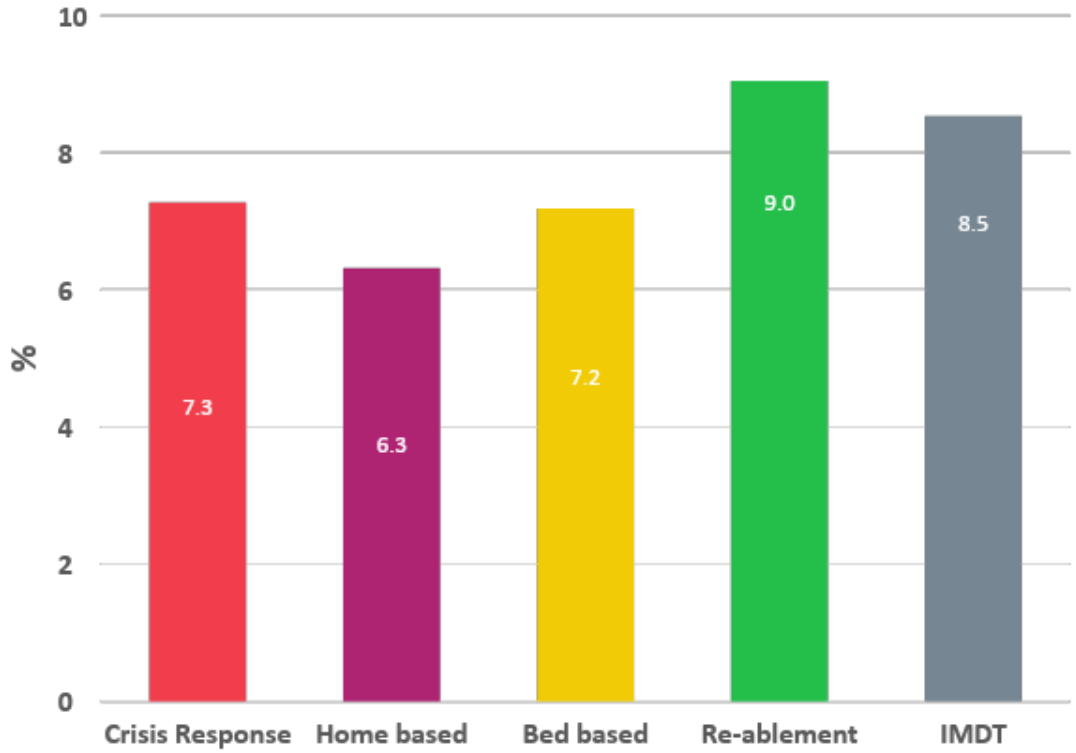


Vacancy rate	2020	2021	2022
Crisis response	12.2%	13.2%	16.5%
Home based	10.1%	10.6%	11.4%
Bed based	9.8%	13.0%	14.3%
Re-ablement	7.2%	6.5%	5.9%
IMDT	N/A	6.0%	15.7%

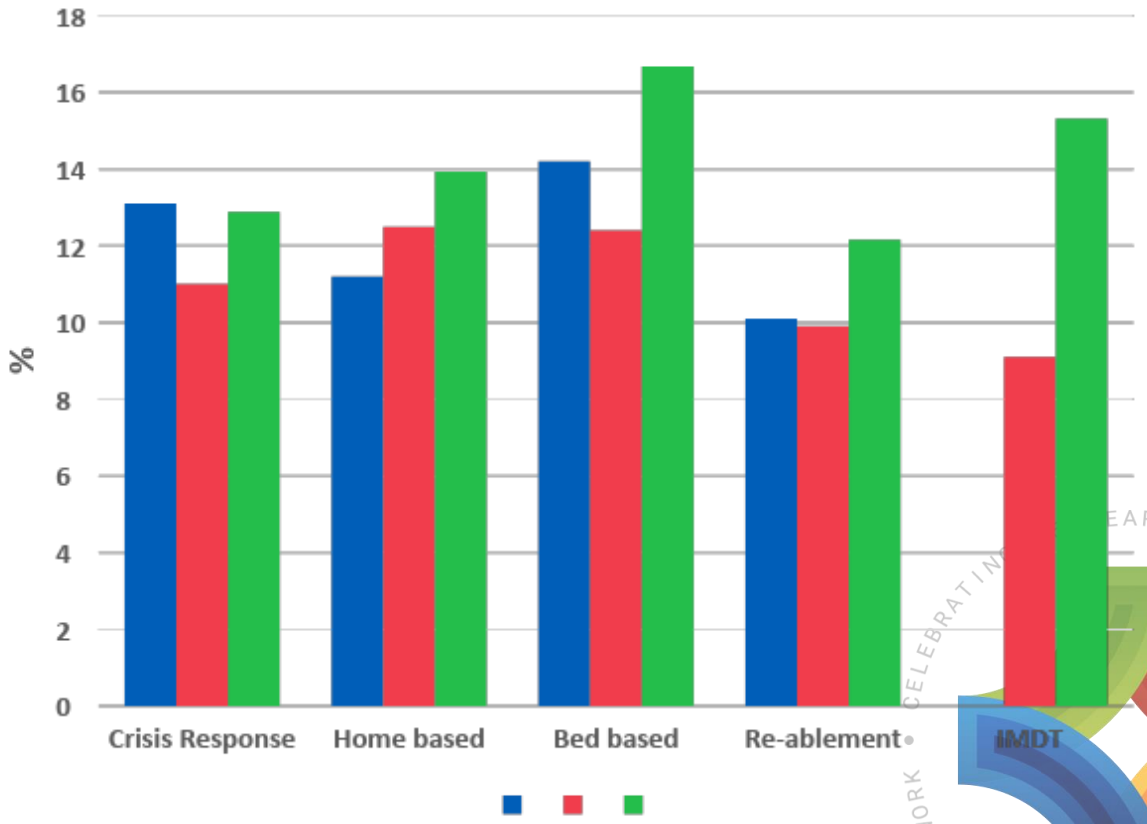
NHS Benchmarking Network

Workforce

Sickness/absence rate (mean)



Staff turnover (mean)



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Patient Feedback

Home based

Bed based

Intermediate Care

staff
care
service
home
therapy
physio
support
excellent
helpful
friendly
team
nurse
wait
time
visit
unit
carer
individual
prematurely
physiotherapist
regularly
majority
rehabilitation
doctor
catheter
knowledge
supportive
period
break
journey
wonderful
issue
response
cleaner
understand
independent
pleasant
interaction
information
exercise
encourage
fantastic
experience
receive
patient
enjoy
nice
week
answer
remitscope
comfortable
family
wasnt
continue
talk
speak
fault
job
therapist
hospital
matter
classtreat
question
opportunity
improve
return
discharge
attention
miss
positively
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recommend
refer
facility
inform
approachable
highly
package
parkinsons
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mobility
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impress
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clean
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rehab
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grateful
due
safe
contact
lady
ongoing
questionnaire
stand
exceptional
healthinclude
extra
night
mum
come
i'd
receive
help
stay
arm
bell
brilliant
look
phone
friend
quick
upset
equipment
finish
enjoy
nice
week
respond
bed
hard
feel
nurse
contact
home
helpful
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fall
agree
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unit
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fault
continue
ring
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aim
tell
support
id
family
wasnt
sort
struggle
faith
nhs
would've
comfortable
remitscope
answer
werewere
respond
bed
week
service
carer
individual
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receive
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call
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soon
involve
covid
change
improvementplan
complete
expect
trouble
hand
surprise
unsure
recommend
refer
facility
inform
approachable
highly
wife
package
parkinsons
attention
miss
positively
beneficial
discharge
return
improve
opportunity
matter
classtreat
question
social
didn't
mobility
ward
efficient
couldnt
treatment
food
involve
covid
unit
day
job
therapist
hospital
visit
continue
ring
extremely
please
aim
talk
speak
fault

National Conference Programme

https://www.nhsbenchmarking.nhs.uk/events

- Community Services (Adult) Annual Findings Event – 12th January 2023
- Community Services (Children) Annual Findings Event – 19th January 2023
- Intermediate Care Annual Findings Event – 17th January 2023
- Wales Six Goals Findings Event – 2nd February 2023

Any questions?

The Patient Flow Conference 2022

The Patient Flow Conference 2022

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UP NEXT...

GETINGE

The Patient Flow Conference 2022

SPEAKING NOW

Richard Frizzell

National Sales Manager, Digital Healthcare Solutions
Getinge

I will be discussing…

"NHS Challenges now and Solutions for the Future"

The Patient Flow Conference 2022

SPEAKING NOW

Nick Sinclair

Director of Central Operations
Maidstone and Tunbridge Wells NHS Trust

I will be discussing…

"Driving Efficiency through Technology Maidstone and Tunbridge Wells NHS Trust's new bed management team"

The Patient Flow Conference 2022

The Patient Flow Conference 2022

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UP NEXT...

Visionable™

The Patient Flow Conference 2022

SPEAKING NOW

David East

Business Solutions Director
Visonable

I will be discussing…

"Using digital to optimise patient flow through the stroke care pathway"

Visionable®
Powering the future of connected healthcare

Visionable seeks to make healthcare equitable and accessible for everyone on the planet.

”In east London, the active life expectancy of a woman is 55 years. Only 22 miles away it is 70 – that’s just unacceptable.”

- Lord Victor Adebowale, Visionable Chair & Co-Founder

Visionable®

This isn’t video, this is Visionable

The future is a patient centric clinical collaboration platform.
The future is a rich 360° experience enabling an unconstrained geography of care.

Visionable

- Home working
- Organisational education
- Smart, productive meetings
- Events/webinars
- Digital meeting rooms
- Breakout sessions

- Advanced clinical collaboration
- Virtual wards & operating theatres – patient 360
- Connected ambulance with medical device input
- On-call specialist hub
- Digital Pathology
- Medical education and simulation
- Advanced cancer treatment meetings
- Enabling digital transformation of care pathways

Standard Video

Multi-stream

Multi-feed

Superior imaging quality

Visionable

Unique patented, real-time & multi-streaming technology

Multi-camera feeds & views

Multi-screen sharing

Ingest medical technologies

- 29 patents
- Advanced collaboration
- Secure
- Scalable
- Interoperable

Medicines & Healthcare products Regulatory Agency

CYBER ESSENTIALS CERTIFIED PLUS

HIPAA COMPLIANT

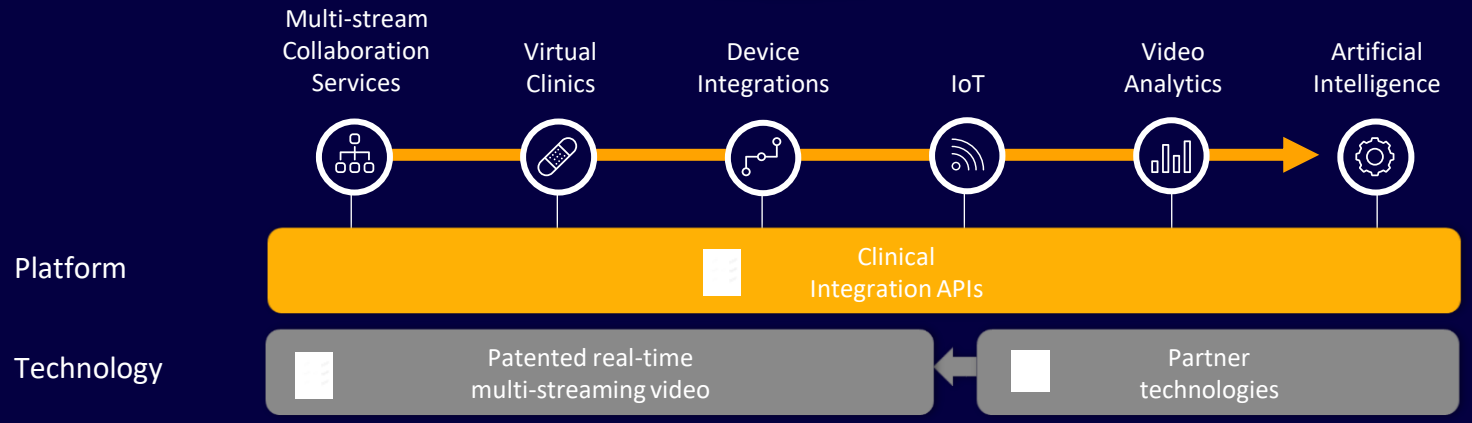
nqa ISO 9001 QUALITY MANAGEMENT

UKAS MANAGEMENT SYSTEMS 0015

nqa ISO 27001 INFORMATION SECURITY MANAGEMENT

nqa ISO 27701 PRIVACY INFORMATION MANAGEMENT

A platform for connected healthcare



- Going beyond advanced video with modular clinical capability
- Open APIs for interoperability with health systems
- Enabling value creation for Visionable and Partner Ecosystem

Visionable®

The scale of the stroke challenge

The global burden of stroke is increasing as people age.

1 in 4 of all adults over 25 will experience a stroke in their lifetime

Stroke is the 2nd leading cause of death in the UK

Cost to the NHS is set to treble from £3.4bn in 2015 to £10.2bn in 2023

Sources: Stroke Association (UK) + Whitepaper, World Stroke Organization, CDC (US)

The case for stroke pathway digitisation

- Prevalence and scale of stroke in the UK
- UK societal and health cost of stroke
- Opportunity to improve stroke health outcomes

Visionable®

Use case: Stroke mimics

Ambulance Trusts

The problem

An estimated 20% of all stroke presentations are subsequently diagnosed as stroke ‘mimics’.[1]

The solution

The Visionable platform connects with on-scene responders with remote specialists to provide more accurate diagnosis before arriving at a hospital.

The outcome

By assessing at the scene, door-to-needle time was significantly reduced and ED admissions were cut by 87%.

Delivering complete solutions for stroke

“The strength of combining the proven technologies of Visionable and Brainomix means easy and instantaneous access to rich critical clinical information across the pre-acute and intra-hospital phases.”

Riaz Rahman

VP Healthcare Global
Brainomix

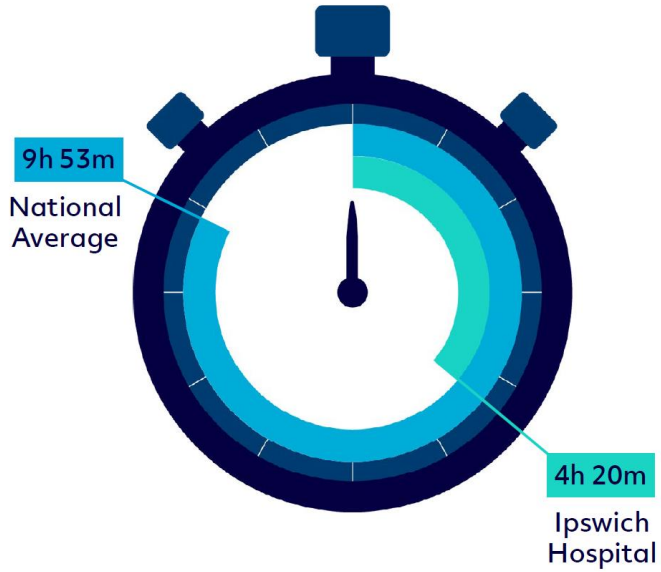
BRAINOMIX™ | Visionable®

Outcomes

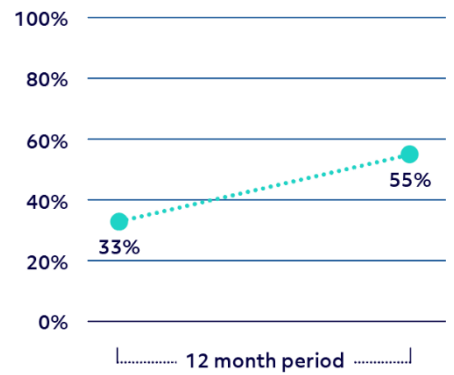
- Speedier delivery of care
- Reduced workload
- Time savings
- Improved clinician work/life balance
- Superior performance metrics
- Most importantly, improved patient outcomes

Proportion of patients assessed by a Stroke Consultant within 24 hours

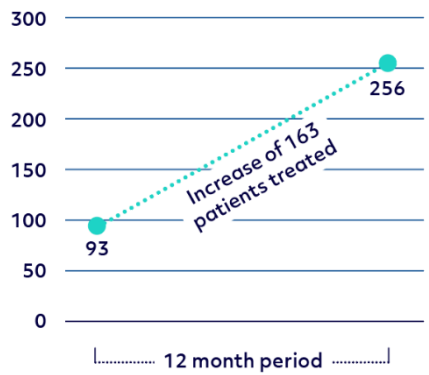
How quickly that assessment took place from admission



mRS Scores (0-3 months)



MT procedures



System-wide benefits

£570

Savings per patient across NHS & Social Care costs

£48m

Estimated savings across NHS and Social Care per year

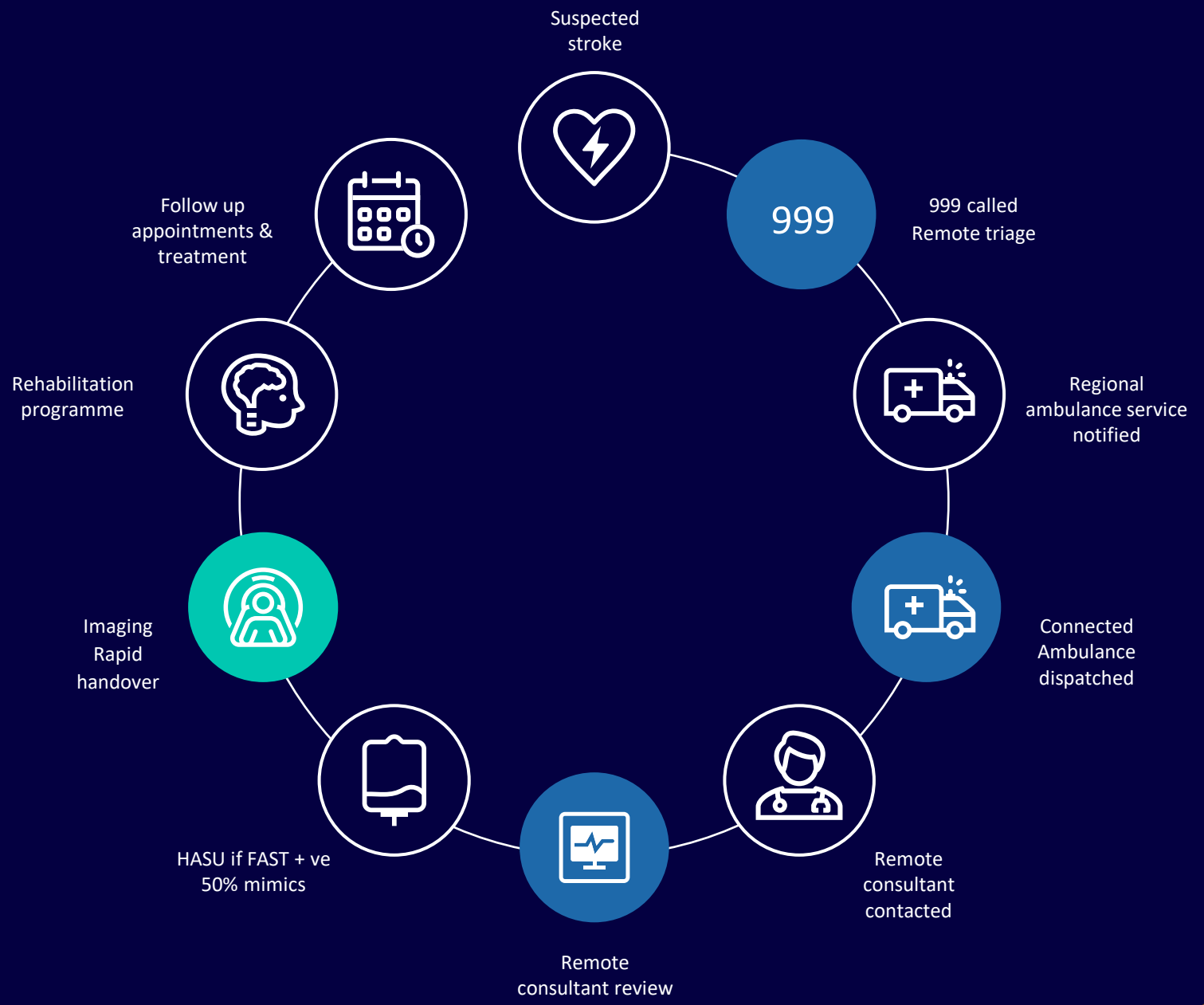
4500+

Teleconsultations with stroke patients via Visionable

9.7%

Average regional thrombolysis rate vs 3.7% national average

Emergency response – patient flow



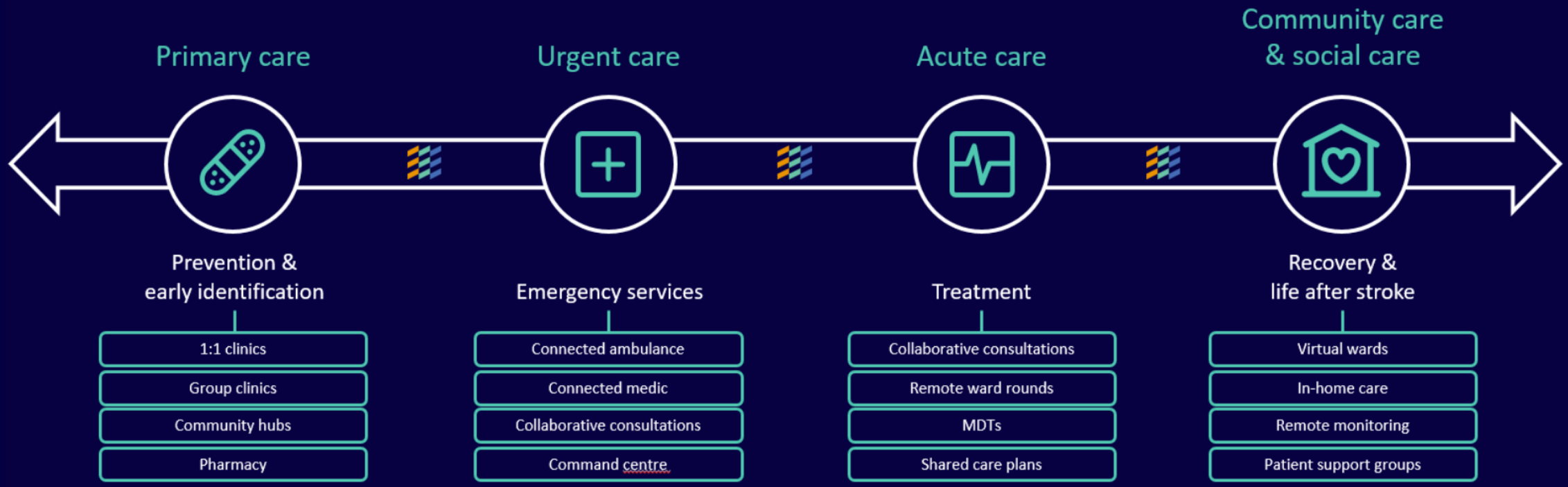
Key

= Visionable intervention

= Brainomix intervention

Visionable®

Enhancing patient flow across the end-to-end pathway



Visionable®

What's next?

Visit our state-of-the-art Connected Healthcare Centre in Kent

Co-create new solutions that will improve patient outcomes and make healthcare accessible to all.

A new era for care delivery

Simplifying healthcare collaboration without compromising on quality.

Visionable V3 launching in 2023.

Visionable

Want to learn more?

Webinar:

AI, telemedicine and data: Using digital to improve stroke care

Hosted by Mike Farrar, former Chief Executive of NHS Confederation, leaders share their experiences of using technology to improve patient outcomes.

Case study:

NHS East of England reduces stroke mimic admissions by 87%

Download our case study for the full results of how Ipswich Hospital in the NHS East of England region is using technology to deliver complete solutions for stroke.

Case study:

East of England celebrates 10 years of better stroke care with Visionable

Download our case study to find out how NHS East of England has been delivering consultant expertise to the bedside of stroke patients for a decade.

Visionable

Visionable®

To learn more about how Visionable can help your team, and to schedule a demo:

solutions@visionable.com

www.visionable.com

The Patient Flow Conference 2022

The Patient Flow Conference 2022

CONVENZIS

UP NEXT...

TECH IN CARE

PERSON CENTRED TECHNOLOGY

The Patient Flow Conference 2022

SPEAKING NOW

Lorenzo Gordon

Director & Co-Founder
Tech in Care

I will be discussing…

"Enabling Patient Flow From Hospital to Community (and back again!)"

Enabling Patient Flow From Hospital To Community (and back again!)

PATIENT FLOW CONFERENCE 2022

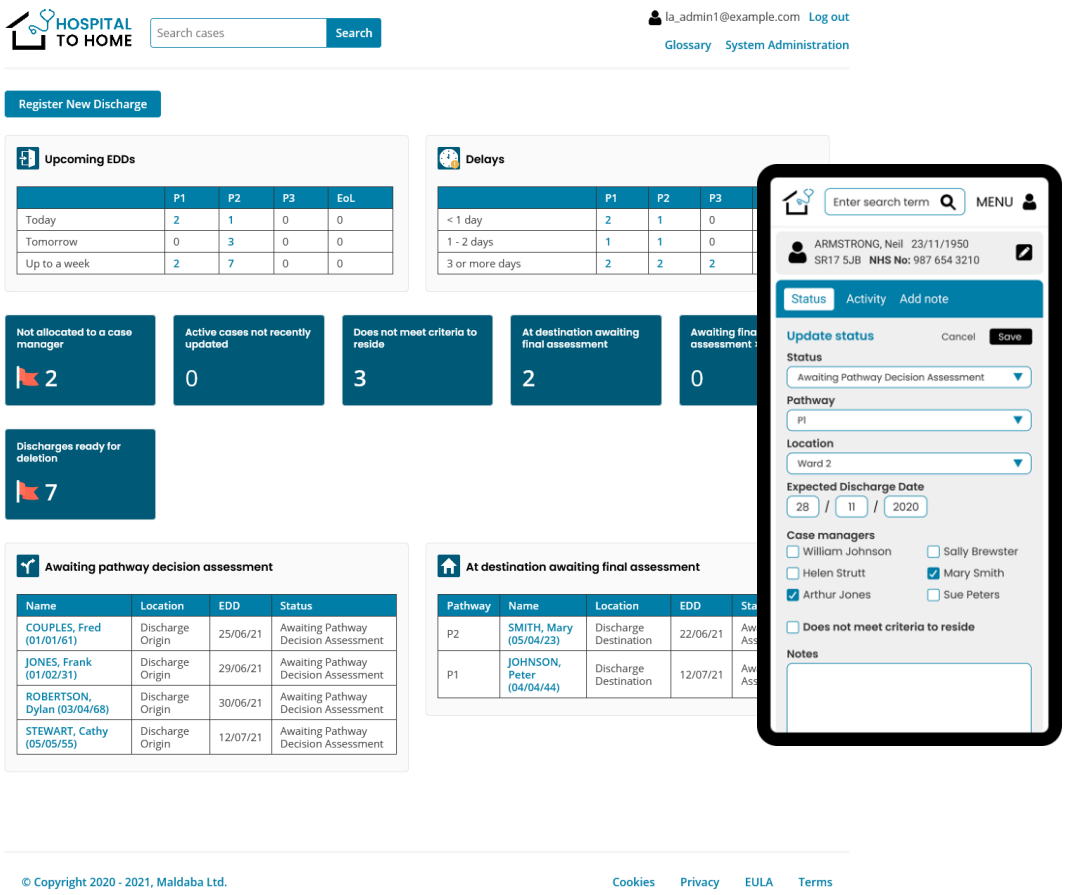
LORENZO GORDON – DIRECTOR – TECH IN CARE

HOSPITAL TO HOME

TECH IN CARE
PERSON CENTRED TECHNOLOGY

SCDIA Co-Fund

Hospital to Home – Discharge to Assess



HOSPITAL TO HOME

TECH IN CARE
PERSON CENTRED TECHNOLOGY

Hospital to Home – Discharge to Assess

- Single version of the truth
- Released acute bed nights
- Email/SMS notifications
- Improved speed of discharge
- Clear communication

Hospital to Home – Discharge to Assess

30%

Administration reduction

£24.68

Local authority administration saving per D2A

1

Bed night saved every 2 D2A's

£200

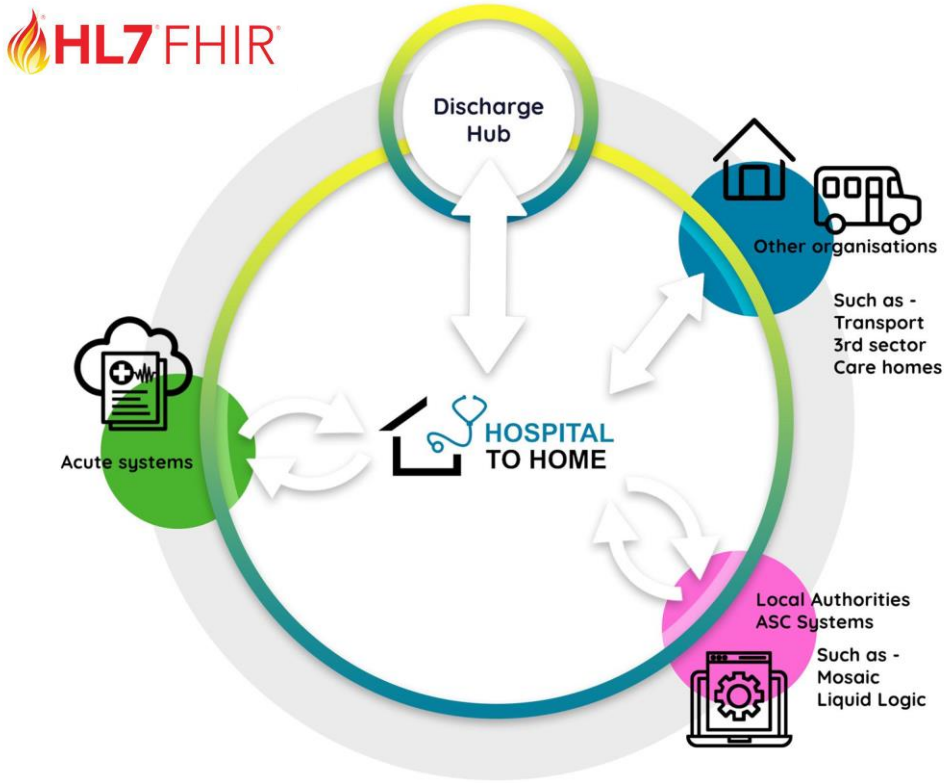
Saving of Acute Bed provision per D2A

HOSPITAL TO HOME

TECH IN CARE
PERSON CENTRED TECHNOLOGY

Hospital to Home – Intermediate Care

Hospital to Home – Interoperability



- Bespoke EPRs
- Partner Programmes:
  - Cerner
  - Liquid Logic
  - Epic
  - SystmOne
- Interoperability opportunity for all H2H customers, both current and prospective

Hospital to Home - Interoperability

An Offer

- 3 spaces for organisations to work with us to address their interoperability challenges
- First come, first served
- Get in touch:

lorenzo.gordon@tech-in-care.uk

CONVENZIS

THANKS FOR ATTENDING

The Patient Flow Conference 2022

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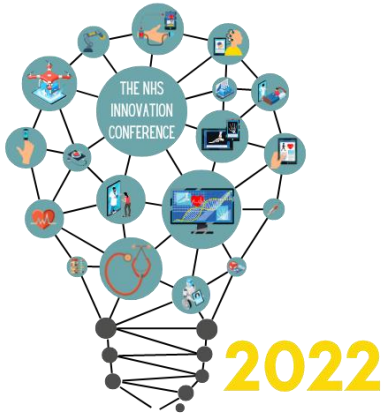
REGISTER FOR OUR UPCOMING EVENTS!

Sign Up Here...



Sign Up Here...

Sign Up Here...