Monitor
Making the health sector work for patients

Emergency Ambulatory Care Service: Countess of Chester Hospital NHS Foundation Trust

The Emergency Ambulatory Care Service enables patients with some conditions (see below) to be treated in a specialist unit without the need for admission or an overnight stay in hospital. Important features of the service include rapid diagnosis by a senior clinician and ongoing development to expand the number of clinical pathways that the service can support.

The Countess of Chester Hospital NHS Foundation Trust is a large district general hospital in Chester with over 600 beds, providing services at an acute hospital site and at an intermediate care site.

Aims

The Emergency Ambulatory Care Service aims to transfer care out of the inpatient setting by providing rapid clinical assessment, diagnostic services and treatment planning to patients at hospital in the designated Ambulatory Care Unit (ACU). Patients receive the same medical treatment they would previously have received as an inpatient, and return to the hospital with a planned follow-up appointment if further treatment is required. This enables them to avoid admission to hospital and maintain their independence at home.

Origins

The trust began work to move activity from the hospital into the community in 2011/12. Drivers for this included increasing pressures on A&E, inefficient use of hospital beds, and an organisational commitment to improving patient experience by delivering care to patients where they want it most – at home and not in a hospital bed. The ACU opened in 2013 and since then the service has seen over 5,000 patients.

Characteristics

- focus on rapid access to diagnostics and treatment planning
- patients treated as an emergency day case
- focus on senior medical input
- rapid assessment and diagnostics
- no beds

Structure

Operational six days a week The service is open Monday to Friday from 9am to 10pm and on Saturdays from 10am to 6pm.

Multidisciplinary team The service includes advanced nurse practitioners, therapists and two community geriatricians. A number of GPs are employed on a sessional basis.

Conditions treated

- cellulitis
- chest infections and chest pain
- abdominal pains
- low risk gastrointestinal bleeds
- low risk jaundice

How patients benefit

Referrals are received from primary care and via the trust's A&E. When a GP sees a patient and knows they need specialist care at the hospital but should not need to be admitted overnight, they can send the patient to the ACU as an emergency day case rather than direct to A&E. Similarly, when people present at A&E and need tests, these can be done immediately in the ACU rather than admitting them to hospital, unless absolutely necessary. In this way, patients can be treated and go home the same day. Approximately 65% of referrals come from GPs; others are redirected from A&E and a few are from other departments in the trust, to support workflow and performance across the hospital.

Enabler: changing working practices

A crucial success factor for the service was changing the default behaviours of A&E practitioners. Rather than admitting patients, senior consultants in A&E are now asked to send them for treatment in the ACU.

To assist senior doctors in A&E to diagnose patients for this service, there is a directory of emergency ambulatory care which outlines 49 clinical scenarios in which it is appropriate for patients to be sent to the ACU. The trust has an ongoing training programme for staff in the ACU and A&E.

Certain conditions can be treated in the ACU. The trust plans to increase the number of surgical and medical pathways being managed by the ACU to cover a wider variety of patients with a greater range of needs, and therefore widen the scope of admission avoidance activity.

Assessments can be done immediately by senior consultants. The ambulatory care model deploys senior doctors to ensure rapid diagnostics and robust assessment. This is a critical factor in enabling patients to go home on the same day. Patients receive specialist input, spend less time waiting, spend less time in the unit (two to five hours depending on the diagnostics required), and can be discharged to the community the same day, with further outpatient follow-up appointments if necessary.

Patients are able to go home and return to the unit with a planned follow-up appointment if further treatment is required. In the past, a person with cellulitis needed up to a seven-day stay for a full course of intravenous antibiotics. Now, patients can come to the ACU each day to receive their antibiotics.

No beds The trust considers that the psychology and ideology behind the unit are significant aspects of improved patient experience and the service's success. There are no beds, only chairs. The ACU is designed to look and feel like an outpatient centre: patients talk about going home, not about being admitted.

Community outreach The ACU is able to arrange nurses to visit people at home if this is the most appropriate response.

Strong relationships with primary care The trust runs awareness-raising sessions and training programmes among local primary care practitioners. These have led to an increase in referrals from primary care. The unit employs GPs for sessional work, which has the added benefit of sharing learning back into primary care.

Challenge: new ways of working

The aim is that people should not have to wait for diagnostics in ACU. This has had an impact on the working hours of those in clinical diagnostics.

The trust is aware of this and is working to support staff by creating new working patterns.

The ACU procedure shows trust staff how the trust sees the strategy for future care services: **senior review, good diagnostic, plan, and home.**

The trust is currently working towards a scenario where 'all cases should go to ACU unless they shouldn't'. This will require the development of further medical pathways through ACU. The unit plans to build capability to take on more surgical pathways delivered through 'hot clinics' in the near future.

Impact

The service enables patients to be cared for closer to home. Service data show that 75% of patients are discharged from ACU on the same day, generating a zero length of stay, and only a small proportion need to return for follow-up care. Approximately 25% of patients are admitted for inpatient care.

The service is calculated as avoiding 138 admissions every month, and activity is rising every month. The trust has been monitoring patient experience throughout, and over 95% are satisfied or very satisfied.

The scheme appears to have financial benefits for the trust. Although this cannot be attributed to the ACU service alone, the trust has recently closed two wards over an 18-month period as a result of saving bed days and increasing the

number of patients who do not need to be admitted. Ward closure has helped the trust to achieve its cost reduction goals.

More information

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This is one of a suite of case studies designed to increase awareness of schemes to move healthcare closer to home. For more materials see Moving healthcare closer to home