

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire



Healthier Together Accelerated Design Event For Urgent and Emergency Care

Ashton Gate, 11th & 12th December 2018

Executive Summary

On the 11th and 12th December 2018, a team of Bristol, North Somerset and South Gloucestershire (BNSSG)'s senior clinical, financial, and operational colleagues assembled at the Ashton Gate Stadium in Bristol. Our ambition was to build, collaboratively, our ideal BNSSG Urgent and Emergency Care (UEC) Clinical model for 2019/20, and to describe the governance, finance, performance, and risk frameworks that would underpin it. In two days of intense work we built a target model for Winter of next year, as well as a comprehensive roadmap and action plan for delivering it as a unified System.

We also built the System-wide relationships and networks that will support us in driving our plan into execution, together.



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<i>Chris Chubb</i>	<i>James Rimmer</i>	<i>Kirsty Alexander</i>	<i>Nick Kennedy</i>	<i>Sarah Dodds</i>
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<i>Claire Thompson</i>	<i>Jennifer Macdonald</i>	<i>Laura Saint</i>	<i>Paul Butler</i>	<i>Sheila Smith</i>
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<i>David Peel</i>	<i>Jeremy Maynard</i>	<i>Lesley Ward</i>	<i>Paul Reavley</i>	<i>Steve Rea</i>
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<i>Debs Lowndes</i>	<i>John Heather</i>	<i>Margaret Ashworth</i>	<i>Peter Brindle</i>	<i>Terry Dafter</i>
<i>Dermot Dowds</i>	<i>Jon Hayes</i>	<i>Mark Bradford</i>	<i>Peter Collins</i>	<i>Tharsha Sivayokan</i>
<i>Emma Redfern</i>	<i>Jonathan Evans</i>	<i>Mark Corcoran</i>	<i>Phil Walmsley</i>	<i>Valerie Clarke</i>
<i>Eric Sanders</i>	<i>Jonathan Lund</i>	<i>Mark Dewick</i>	<i>Rachael Kenyon</i>	<i>Verena Stocker</i>
<i>Eva Dietrich</i>	<i>Jonathan Steel</i>	<i>Mark Smith</i>	<i>Rachael Morris</i>	<i>William Oldfield</i>

Welcome and Context

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Robert Woolley

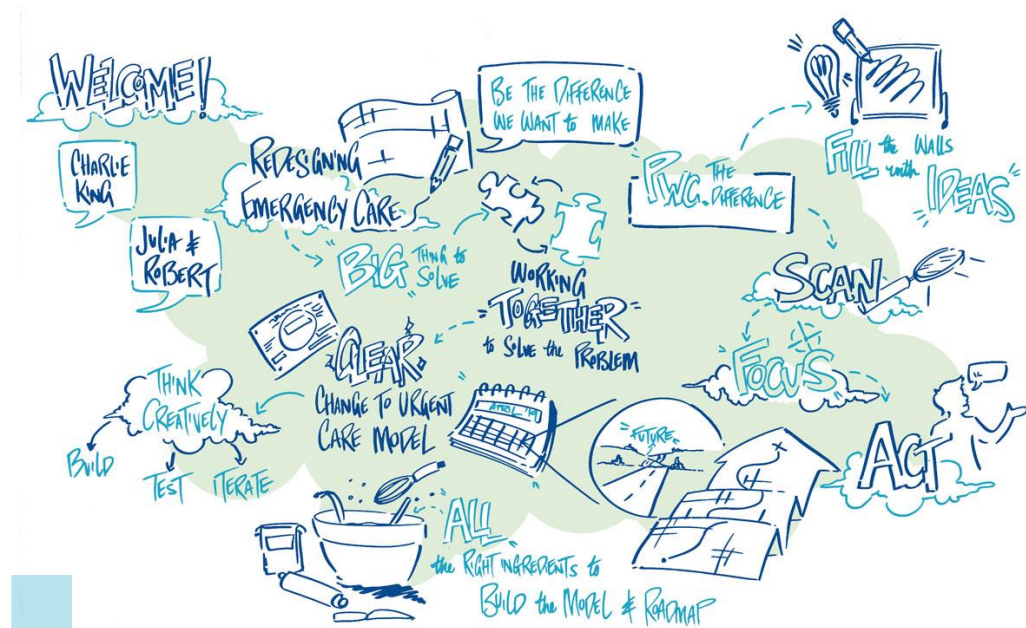
We know Urgent and Emergency Care (UEC) is one of our big challenges. Currently it doesn't work as it should, our patient's experiences are not joined up. Sustainability of the STP also isn't what it should be. If it isn't solved we will sink deeper into a confusion of services.

All of us are invested professionally, organisationally and financially in the ways we work now. We are asking you to put everything on the table and do the right thing by the population of BNSSG. Allow yourselves to think radically and creatively. We can come up with the logistics to facilitate whatever comes out of this workshop, this is a once in a lifetime chance to sort things out the way the way we want things.



Julia Ross

We must come up with a solution better than the one we have today. Our faculty has been working hard pulling together a view of the model we currently have. It shows a lot of different services that all deliver great work, but don't have much to join them up. We want you not just to think about the component parts, but how they need to work together. Our output for today is focussed on the model of UEC for 2019/20, so what we design needs to be both practical and applicable.



In order to gain a common understanding of the context surrounding BNSSG as a System, we circulated around six 'Chatrooms' in which we learned and discussed the Data that our System generates and the case for change that it makes; the principles by which we manage clinical and operational Risk; examples of other Systems around the world; our System's Requirements from a financial and governance point of view; the faculty design group's "Straw Model of 2019" that we were going to use as a key input; and our longer term Urgent and Emergency Care strategy.



Data Insight
Chris Davies



Risk
Kathy Ryan & Claire Thompson



Stories from Elsewhere
Jonathan Steel



System Requirements
Sarah Truelove & Gemma Self



System Straw Model
Peter Brindle & Jenny Theed



Urgent Care Strategy
Kiaran Flanagan & Mark Dewick

In the Shoes of...

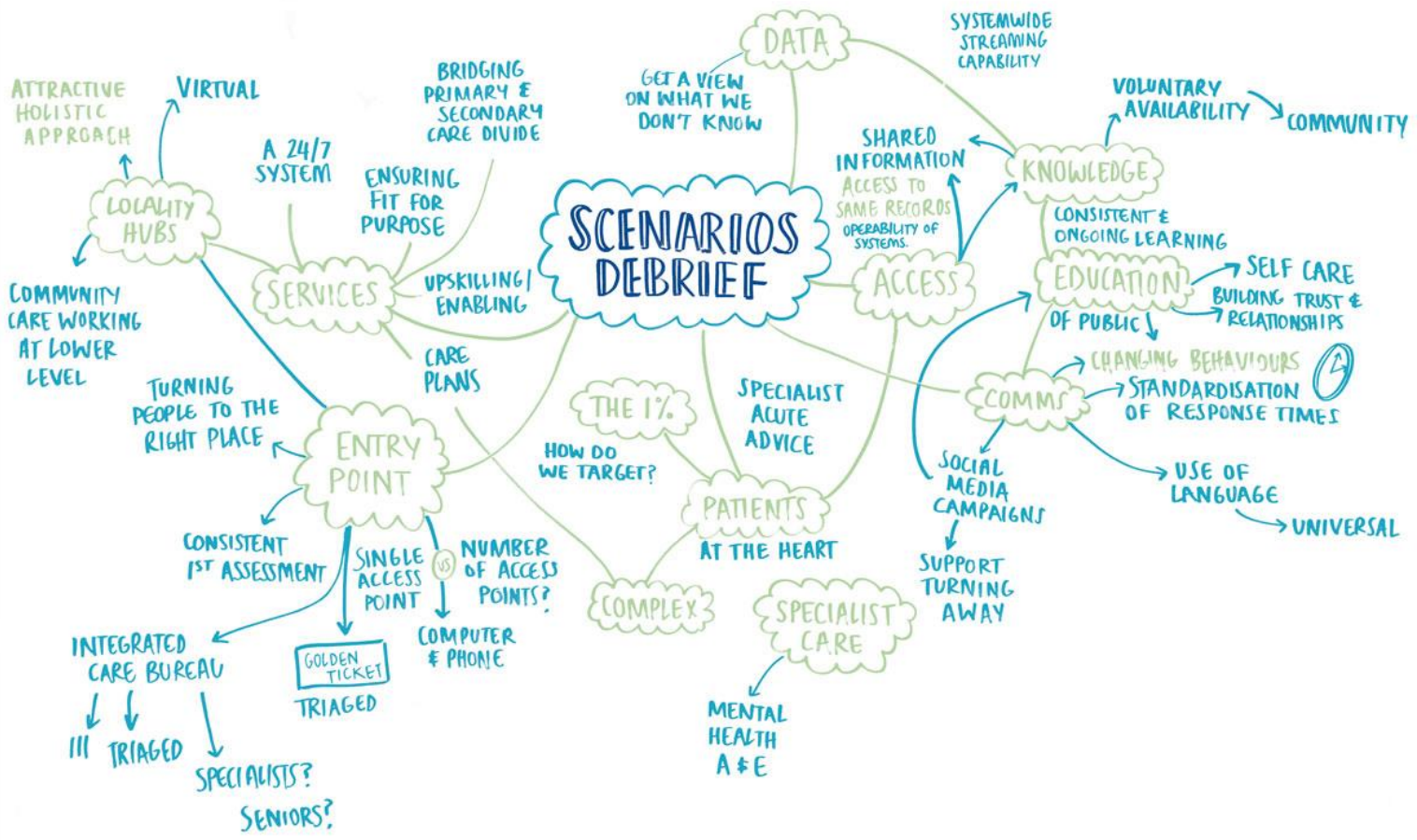
In order to generate fresh perspectives on the opportunities for improving our System, we donned the shoes of patients who use it. Adopting personas from each of the five key patient cohorts, as well as complexities of homelessness, pregnancy, and learning difficulties, we explored the April 2019 Straw Man model of the system to uncover the things that made us 'Glad', because they work really well, 'Sad', because they're not as good as we'd like them to be, and 'Mad' because they're letting us down.



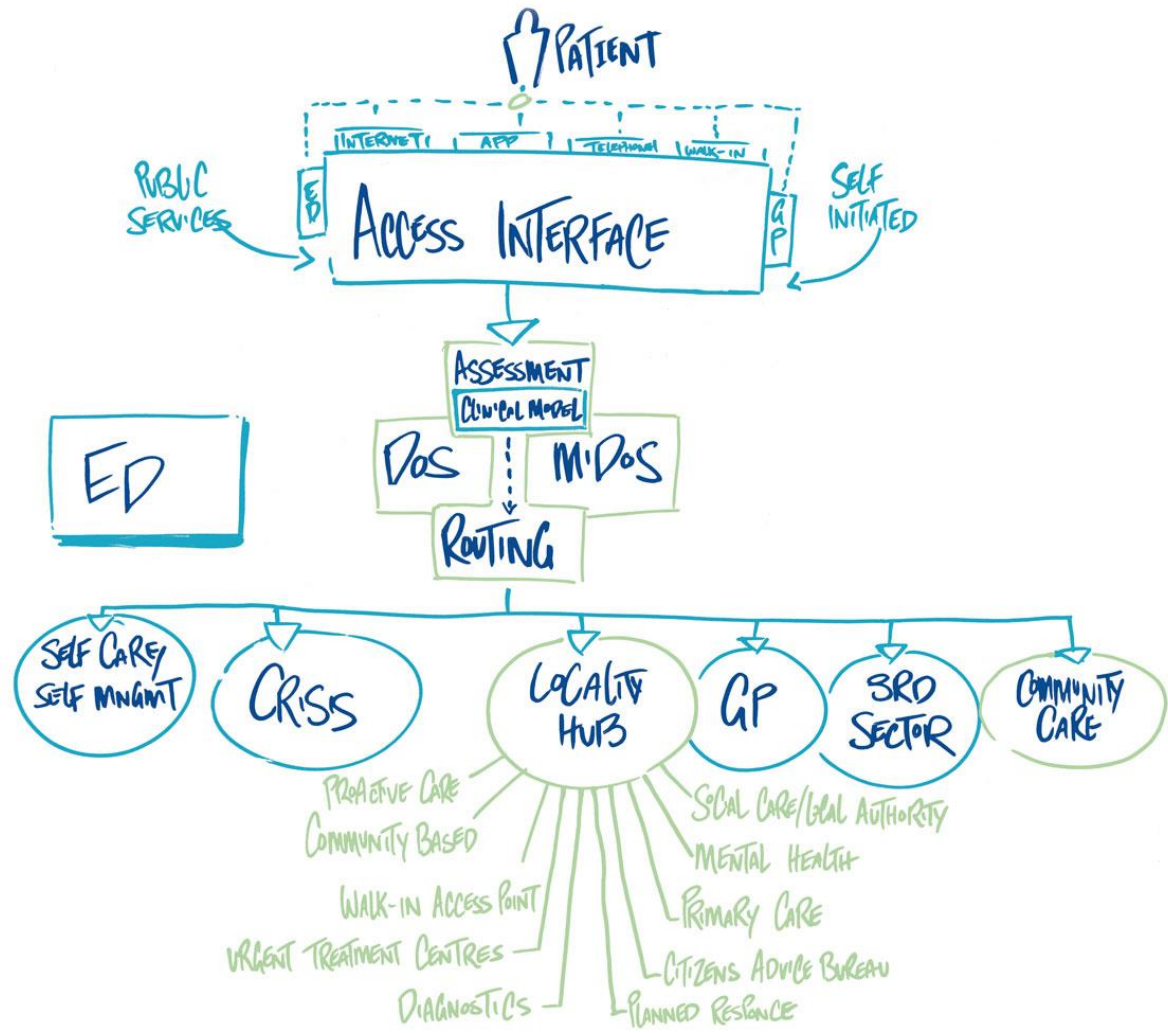
Having examined our Straw Man Model and uncovered its strengths and pain points, we started work on proposing some improved models for 2019/20. We then iterated those propositions by re-mixing our working groups, challenging and then refining our models. Then we iterated our models into the third dimension using pipe-cleaners, straws and creativity to explore the new challenges of data and performance management, governance, and whole-system thinking.



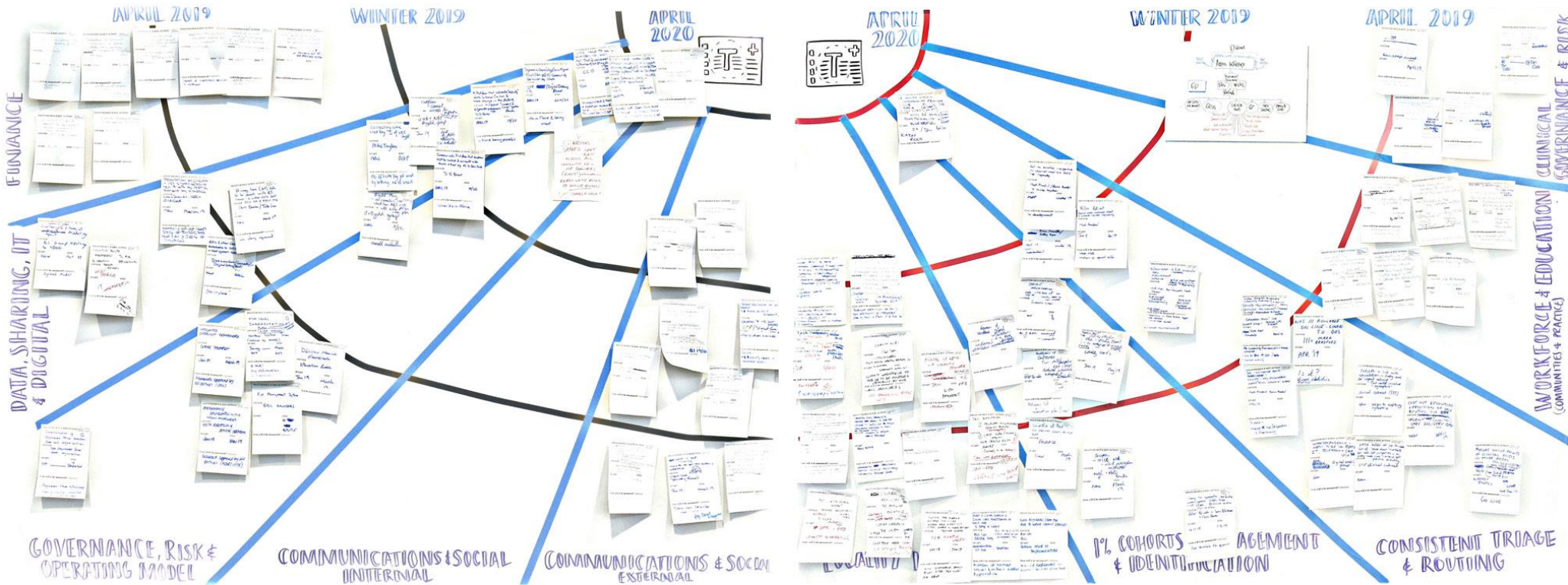
As small working groups, we picked from what we considered to be the best features of the various proposed models that we had encountered so far to make a newly iterated model each. We then submitted our models to various scenarios in order to test their viability. Some groups revisited the patient cohorts to see how their use of The System would improve, others considered external forces such as surge, recruitment and funding challenges, and the expectations of the millennial generation, while further groups addressed the specific pain points that we'd uncovered in our first examination of The Straw Man Model. In every case, we estimated the impact of our proposals against current levels of activity.



The BNSSG Collaborative Session's Design Faculty assembled the final 2019/20 models that we had produced, into a single target model. We discussed and refined it in plenary, agreeing that the big chunks that we could work on for next year (in green) were Locality Hubs and a central, consistent assessment and routing function for patients that would, wherever they present, ensure that their next destination was the right one for their level of acuity. Among the longer-term goals was the ambition that this routing should come into effect even for those patients presenting themselves at A&E.



Using a Transformation Map, we agreed the major work streams that would make best use of the people in the room to deliver the key elements of our transformation towards the new model. The final half day comprised self-organised working teams delivering their action points and roadmaps, with a central 'integration team' managing interdependence and congruity.



Model Assessments

At each stage of iterating our proposals for 2019/20 models, we assessed the likely impact of those proposals on Activity, in terms of A&E Attendance, Bed occupancy and GP visits, using available data and professional experience. With each refinement, the consolidation of our groups' assessments showed a noticeable shift away from UEC ED activity, in exchange for a slight increase in primary care activity, suggesting a model that favoured treatment being given at lower levels of acuity.

Consolidated Initial Model Assessment

By 2019 / 2020	Increase				Decrease			
	0% - 2%	2% - 5%	5% - 10%	10%+	0% - 2%	2% - 5%	5% - 10%	10%+
A&E Attendance			✓✓	✓		✓✓	✓✓	✓✓
Bed Days			✓		✓✓	✓✓	✓✓	✓✓
In Patient Admissions	✓	✓			✓✓	✓✓	✓	
GP Attendance	✓✓	✓✓	✓		✓✓			

Consolidated Iterated Model Assessment

By 2019 / 2020	Increase				Decrease			
	0% - 2%	2% - 5%	5% - 10%	10%+	0% - 2%	2% - 5%	5% - 10%	10%+
A&E Attendance					✓✓	✓✓	✓✓	✓
Bed Days					✓✓	✓✓	✓✓	✓
In Patient Admissions					✓✓	✓✓	✓✓	
GP Attendance	✓✓	✓		✓	✓			

Consolidated Final Model Assessment

By 2019 / 2020	Increase				Decrease			
	0% - 2%	2% - 5%	5% - 10%	10%+	0% - 2%	2% - 5%	5% - 10%	10%+
A&E Attendance					✓✓	✓✓		✓
Urgent Care Admissions (Long stay >48 hrs)	✓				✓✓	✓✓		
Urgent Care Admissions (Short stay <48 hrs)	✓	✓			✓✓	✓	✓	
GP Attendance	✓✓	✓			✓✓			✓

