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Patient pathway between primary and secondary care

It’s all about structured data enabling transformation at the point of care creating time to be human

BCS PHCSG Education day, Thursday 9th November 2023

The Queen Chester

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”*providing clinical and transformational leadership for the Informatics & Digital portfolio across the ICB”*

Why bother with (digital) transformation?

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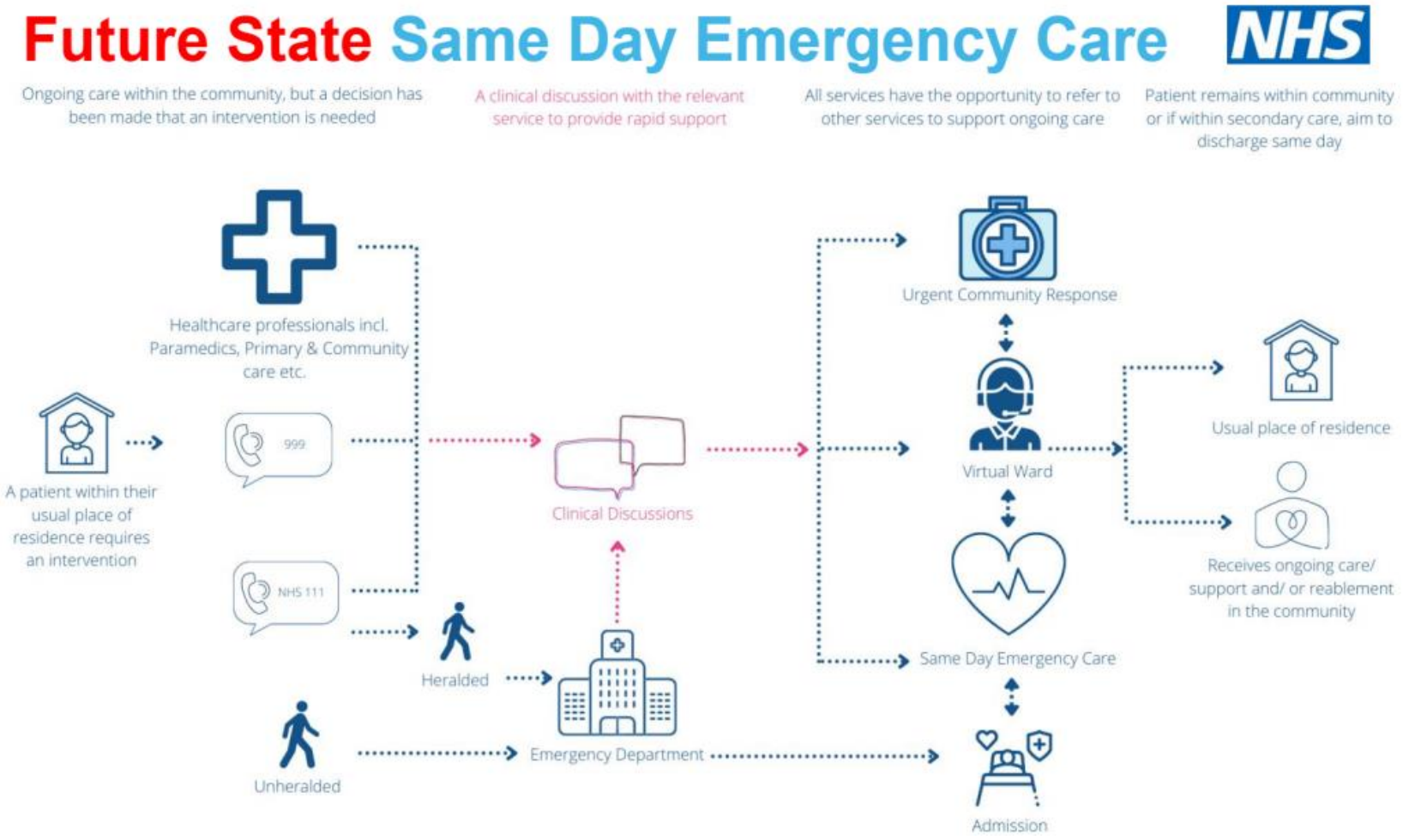
- The complexity of health & care around a given individual exceeds the cognitive capacity of an individual professional
- This complexity and the need to co-ordinate has exceeded the utility of paper (or virtual paper)
- In reality it's all about data anyway
  - Collecting, collating, deciding, recruiting and managing care pathway
- We can place the transfer of data (referral/handover) optimally
- We can turn the qualitative (horrible histories) qualitative (facts & insights)
- Likely 20% staff efficiency-reduce non value added activity
- Better, safer, cheaper & more appropriate care with reduced variability

Complexity everywhere we look



Start at the beginning-with what we know

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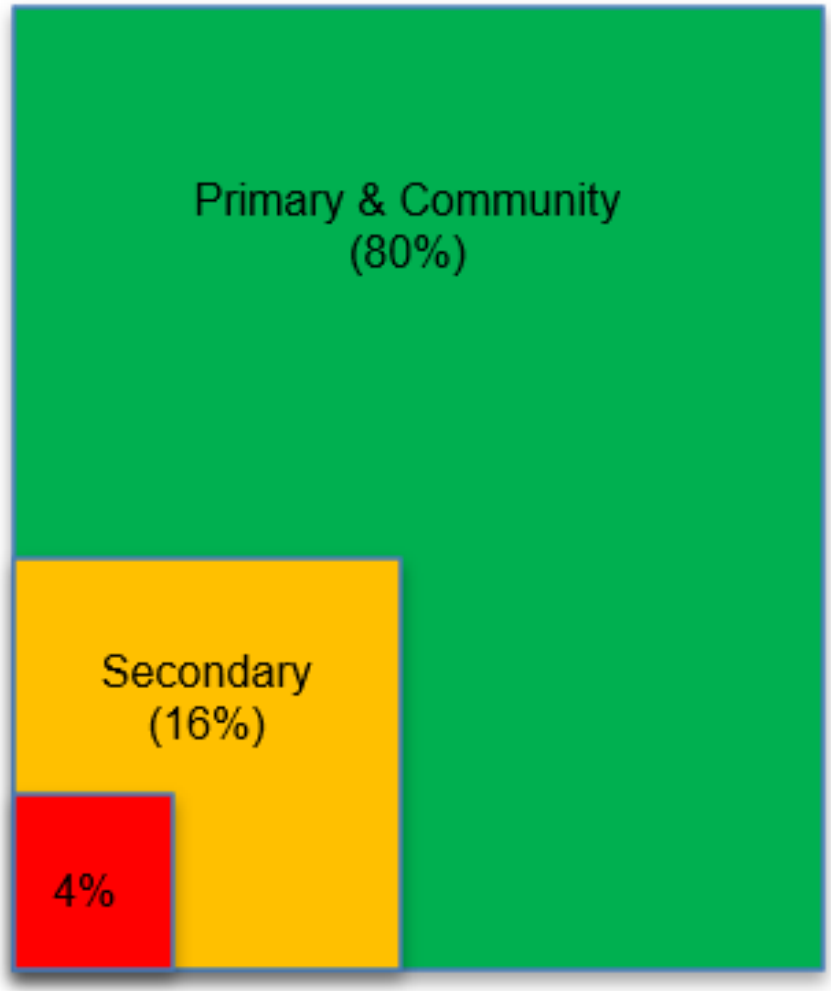
- The individual exists once-but many support (and hold data)
- Care must be organised along pathways vs silos of activity
- Landscape increasing in complexity (inevitable) and is unmapped
- Functionality must be ubiquitous across the health & care continuum
- Clear outcome benefits from transformational digitisation
- Scope includes
    - Population health & care
    - Record sharing
    - Flow solutions
    - Decision support
    - Prescribing, order comms, communication systems etc.

Limited understanding of the whole system

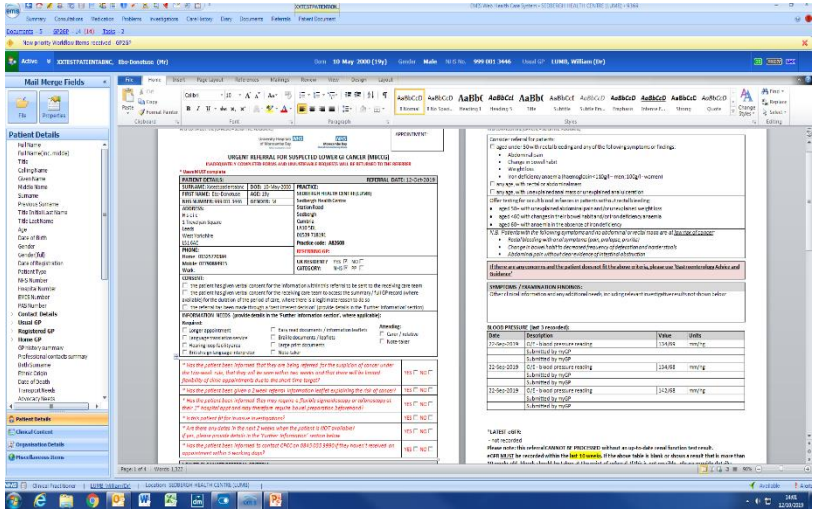


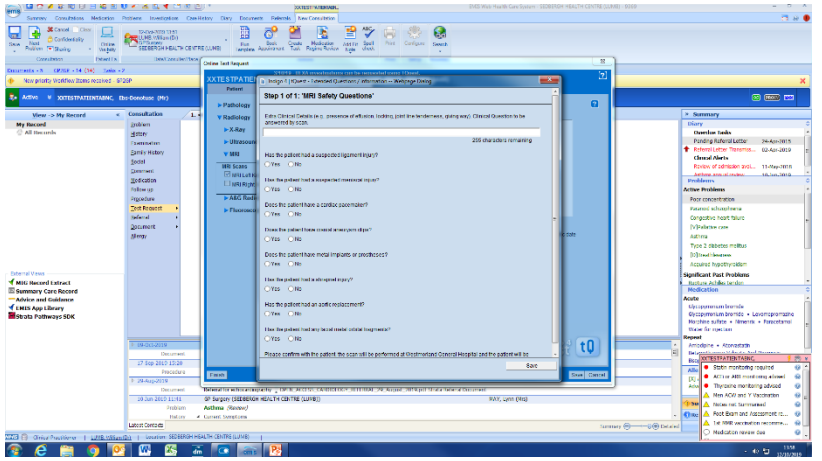
Comparative Health Activity

- In June 2023 in Morecambe Bay (350K)
  - 163 390 GP appts and > 9 000 Home Visits
  - 650 376 clinical decision points
  - > 600 000 electronic prescriptions issued
  - 31 000 new and 19 000 follow up appts
  - 1387 elective admissions (73% same day)
  - 11 721 ED/UTC attendances
  - 3591 emergency admissions
  - > 45 000 Adult Community Service contacts

Transformation NOT digitisation

- Variability
- Failure (up to 15%)
- Extended time frames
- Manual process (and error)
- Data silos
- Electronic dis-efficiency
- Self preservation
  - Inefficiency paradox
- Individual case management
  - Everyone's on a spreadsheet





And why is it all about data?

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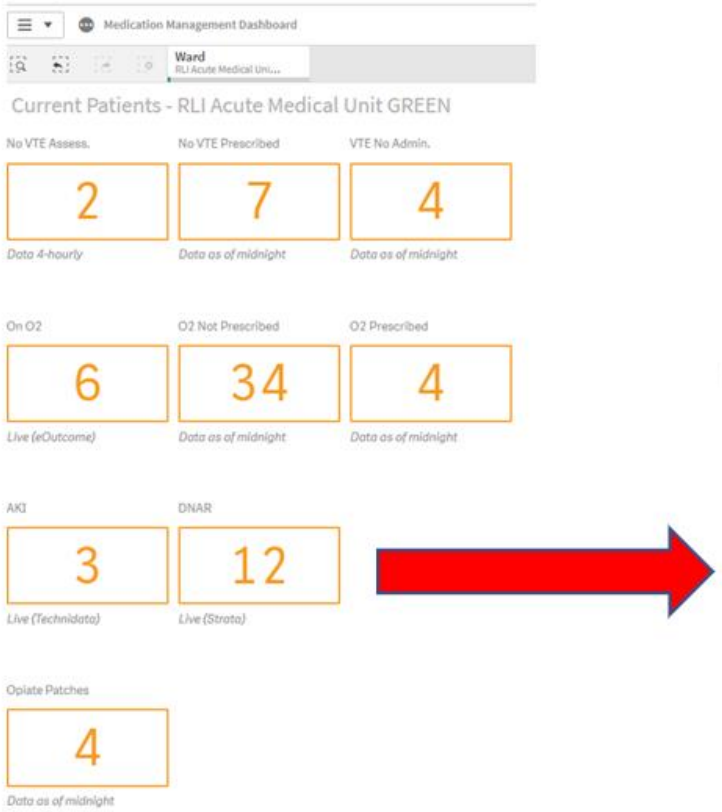
- In reality, what we do clinically is about **collecting and assimilating data**:
  - electronically or in paper
  - from the patient
  - from physical examination
  - from tests, then ……..
- **Making decisions**
- **Recruiting to a pathway**
- **Managing** that patient, either independently or with other care providers, **on that pathway** until resolution or need to move pathways
- Everything we do needs to directly deliver or enable this – digital (and the organisation) is there to *support clinical activity at point of care*

Live uDNAR dashboard-real time audit

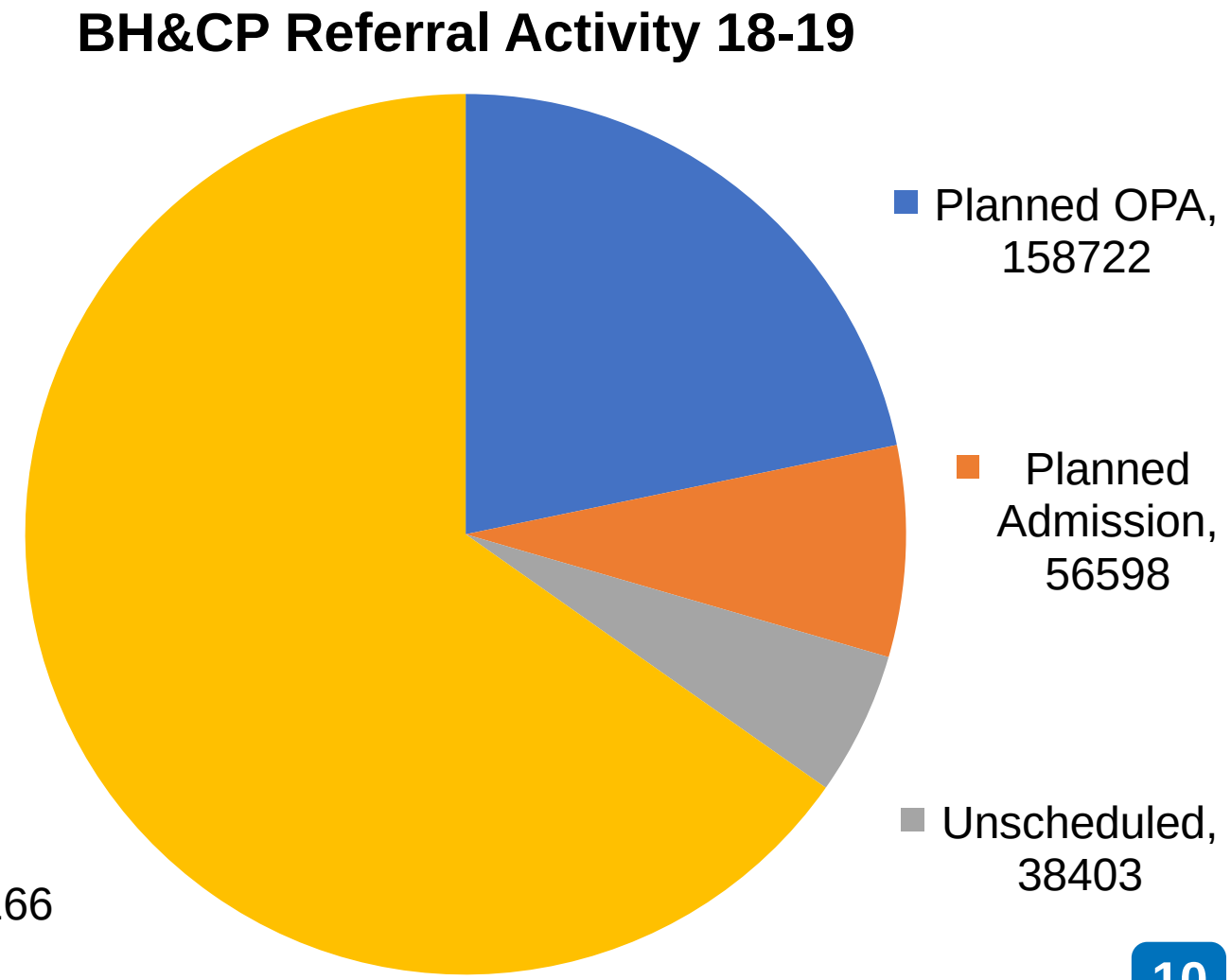


DNAR

Patient RTX	Patient	In Draft	Observed Date Time	Alert Added
		N	02/12/2021, 11:26	Y
		N	16/03/2022, 15:27	-
		N	31/03/2022, 09:02	Y
		N	28/06/2022, 13:27	Y
		N	23/09/2022, 16:56	Y
		N	27/09/2022, 11:36	Y
		N	07/12/2022, 09:07	Y
		N	09/12/2022, 13:09	Y
		N	21/01/2023, 11:57	Y
		N	23/01/2023, 09:08	Y
		N	23/01/2023, 11:18	Y
		N	23/01/2023, 11:39	Y
		N	25/01/2023, 11:34	-

Real world of pathway management

- Planned Out Patient Activity (OPA)
  - Via eRS
  - Excludes follow up and AQP
- Unscheduled
  - ED and admitting units
  - Emergency Admissions
- Other
  - Paper, phone, email
  - Community Services
  - Social Services
  - 3rd Sector
  - General Practice



Enables safe, effective and efficient care

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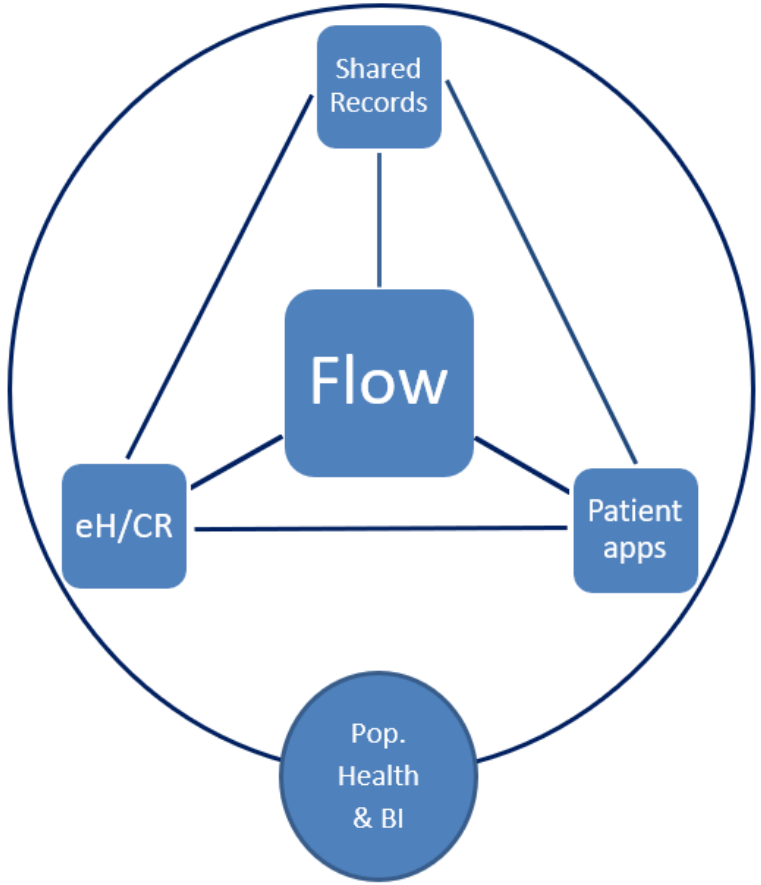
- If we can automate some of these steps, it saves time, reduces variability and makes for a more seamless experience for the patient and staff, allowing clinicians to focus on providing care
- The hand-offs we see both within UHMB and across partners, regularly see patients and staff having to fill in gaps where information has not followed them on to the next step of their pathway
- We need data-led patient journeys to help manage demand, target treatments and make better use of our resources
- Key to place-based service integration and removing the artificial boundaries we unintentionally create at each ‘providers’ front door

Real world digital enterprise architecture



- Integrated Care requires the ability to effective manage complex clinical pathways that cross sector & provider boundaries
- For this we need a digital flow tool
- 3 types of digital flow tool
  - Intra-provider
  - Inter-provider single sector (e.g. Acute)
  - Full inter-provider
    - Acute/community/primary care/social care/regulated care and VCSFE

The future is digitally enabled flow

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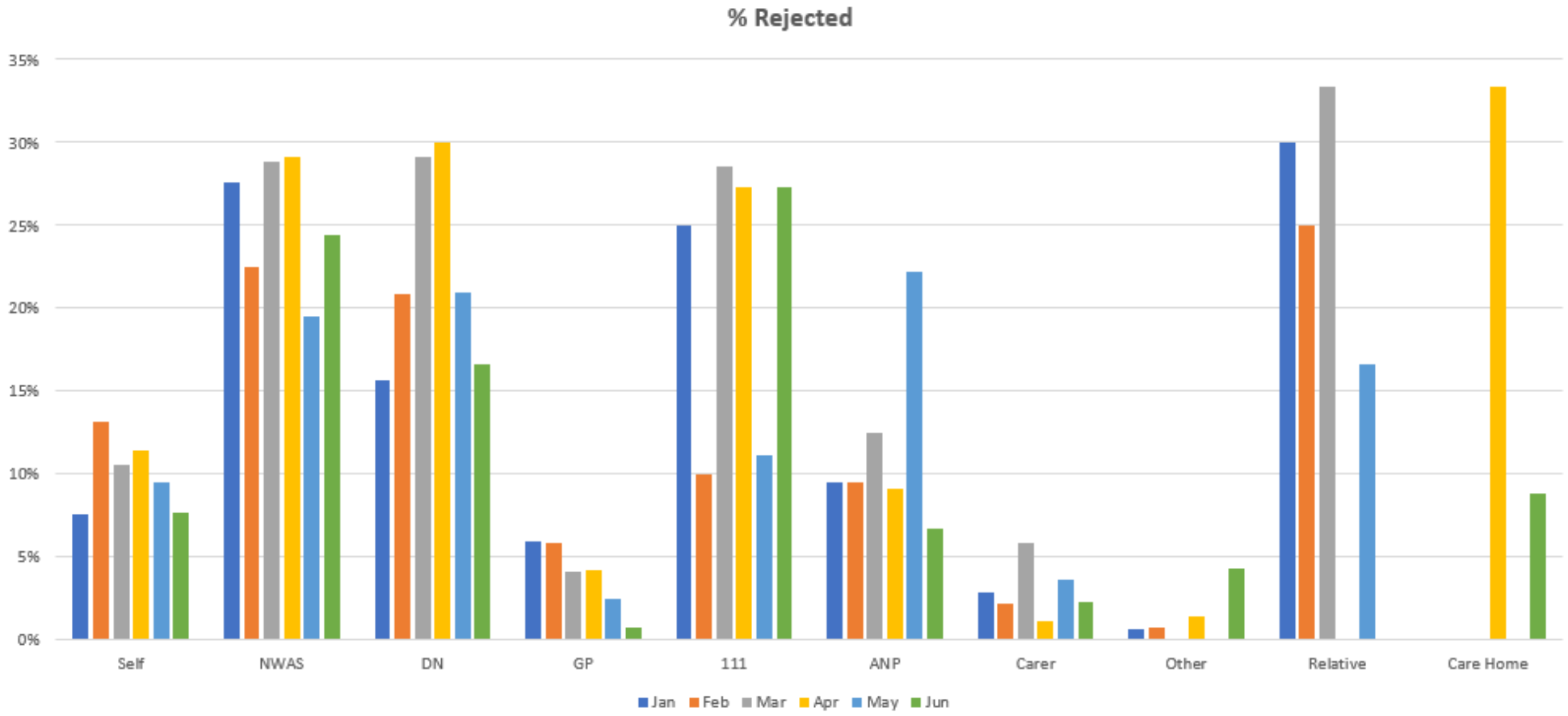
- An electronic health record (eHR) e.g. EMIS Web/Cerner is a key component for recording information, but it is not a panacea
- Focus of the new digital environment must be patient flow:
  - Intra-organisation (within provider)
  - Inter-organisation across the health economy
- Decision support is currently often manual, SOP driven at best
- There are many opportunities within pathways to automate flow, based on good data and best clinical practice
- 80% of healthcare is delivered outside of a hospital setting, and of the balance (20%) only a further 20% (total 4%) moves between acute providers, yet this is often the focus of our redesign efforts
- We need to step back and build/enable flow against the 100% with partners for the benefit of all (patients, staff, value, quality)

UCR referral rejection rates up to 30%



Digital Enterprise Architecture (landscape)

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- Electronic Health Record (including departmental systems)
- Electronic Prescription and Medication Administration system
- Unified Pathology & Radiology Ordering (whole system)
- Internal patient flow solution
- External patient flow solution
- Dictation, voice activated software and nudged clinical activity/problem curation
- Decision support tool
- Real time record sharing/structured data integration
- Cross organisational clinical discussion tool (UEC & Planned Care)
- Generic unified communication tool

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Many thanks for listening.

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