

Reducing the number of unplanned admissions to hospital through a multi-disciplinary single point of access (SPOA), pre-hospital

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1 Introduction

East Kent has 38,101 people aged over 80 years, 39,021 people living with moderate or severe frailty and 304 care homes.¹ This population has high levels of unplanned admissions, which can put them at risk of long hospital stays, reduced mobility and increased delirium.²

East Kent ambulance services (South East Coast Ambulance Service), acute hospitals (East Kent Hospitals University NHS Foundation Trust) and community services (Kent Community Health NHS Foundation Trust), have piloted a single-point of access consisting of an emergency department consultant, community frailty clinician, urgent care senior nurse and advanced paramedic practitioners.

They sit together at the ambulance bases, as one multi-disciplinary team (MDT) from 10am to 6pm, Monday to Friday. This team reviews all patients awaiting ambulances to assess whether there are alternative services to the emergency department, which would meet the individual's needs.



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2 Method

The MDT assesses all patients listed as awaiting an emergency ambulance. Clinical records can be accessed from all services, including GP records. If patients would benefit from treatment by alternative services, rather than conveyance, the paramedics are asked to call the MDT. This allows clinical assessment, history and investigation results to be considered in planning care.

Patients and carers are involved in deciding how they would like to receive medical care via a video or phone link with clinicians.

4 Conclusion

Many people can be treated effectively without conveyance to hospital through pre-hospital triage, consultation and planning by senior clinicians in a multi-disciplinary team.

This relies on good alternatives to admission, such as responsive primary care, Urgent Community Response and Hospital at home running at scale, and same day acute hospital services.

Still more to be done?

Patients continue to be conveyed who were identified by the MDT in the SPOA as suitable for an alternative to admission, because those alternative services were at capacity.

On average 26 further conveyances could be avoided if there was more resource in these areas.

Admission rates to hospital following discussion in the SPOA were low, but could be improved with direct access to Urgent Treatment Centres.

There remains more work to be done to reach the full potential impact of this work.

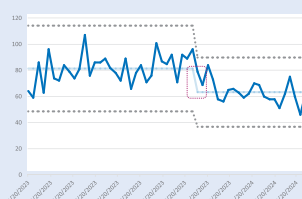
3 Results

Conveyance to hospital before the pilot was 62 per cent. After the pilot, it was less than 50 per cent.

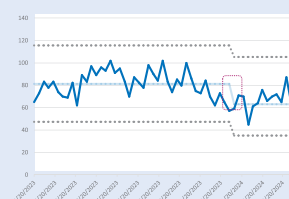
Ashford area catchment: Admissions saved weekly = 27.3, bed days saved weekly = 179.2.

Thanet area catchment: Admissions saved weekly = 19.1, bed days save weekly = 106.9.

Ashford admissions with a drop corresponding to start of SPOA

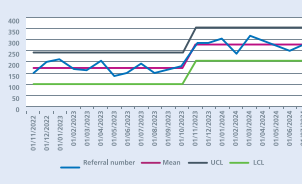


Thanet admissions with a drop corresponding to start of SPOA



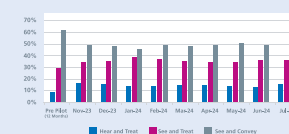
Statistical significant reduction in ED admissions conveyed by Ambulances

Monthly SECAMB referrals into urgent community response and hospital at home



Pre-SPOA around 62% of patients would have been conveyed to ED per month from Ashford Operations Unit.

Post-SPOA See and Convey rates reduced to below 50%, while Hear and Treat and See and Treat increased.



1. NHS England, Summary of South East region virtual wards evaluation, 16 May 2024, Available online <https://www.england.nhs.uk/long-read/summary-of-south-east-region-virtual-wards-evaluation/#virtual-wards-in-the-south-east> (accessed 11 November 2024)

2. Boucher EL, Gan JM, Rothwell PM, Shepperd S, Pendlebury ST. Prevalence and outcome of frailty in unplanned hospital admissions: a systematic review and meta-analysis of hospital-wide and general (internal) medicine cohorts. *eClinical Medicine*, 2023 May; Vol 50; 101947