

Case study: Liverpool A&E diversion scheme

December 2010

The problem

Admissions at the emergency department (ED) had increased at a rate of 3% in 2007/08 and 2008/09. This was mainly in minor attendances.

The solution

Devise a scheme to divert some of the patients presenting at the Royal Liverpool University Hospital Trust ED with problems that could be managed more appropriately elsewhere in the system.

Timescales

A six-month pilot was established in January 2008. The scheme has been refined since and is still in place.

Phase 1

The scheme was started by South Central Liverpool PBC Group, one of the four PBC consortia in the footprint of NHS Liverpool, working with the ED clinicians and managers.

Enablers

As this was worked up in conjunction with secondary care, ED receptionists identified patients who had primary care problems and were registered with a practice participating in the scheme. These patients were then offered the opportunity to see a nurse stationed before the ED. (At this stage the service was offered only on an in-hours basis, ie Monday to Friday, 8am to 5pm.)

Barriers

Retaining primary care nurses was an issue so the service was staffed instead by emergency response nurses employed by the PCT but based in the hospital. The nurses were paged when needed, but this often caused delays.

Phase 2

Phase 2 of the scheme was commissioned from the secondary care provider using triage nurses from the "minors" service to undertake the diversion. The scheme was extended to round the clock, seven day coverage with the triage nurses assessing patients to decide whether they should be seen in ED or treated in a primary care setting.

Patients in the latter category were offered one of the following options:

- An appointment in their own surgery
- An appointment at the equitable access centre
- An appointment with the out-of-hours provider

-
- Advice on self management or information about the “care at the chemist” scheme.

Practices were committed to keeping appointments available for the scheme.

Patients who refused any of the options offered were seen in the ED but were be given a leaflet on the appropriate uses of A&E.

Phase 3

Although diversions had increased during phase 2 it wasn't at expected levels so in May 2010 it was agreed that during periods when attendances by primary care patients were highest, triage would be done by emergency nurse practitioners.

Access to GP clinical records was introduced throughout the ED via the EMIS web system allowing the nurses to access practice information and to record details of the consultation so it can later be accessed by the practice. Using the practice information in the hospital setting requires each practice to sign an agreement to share data with the hospital with the approval of the local medical committee. Permission to use their information must also be sought from the patient.

The ED nurses were also able to book appointments via EMIS directly onto the practices' booking systems.

Outcomes

Since November 2008, 1979 patients were identified as suitable for diversion and of these 1240 (70%) were successfully diverted.

The number diverted each month has steadily increased from 23 per month in the final quarter of 2008/09 to 152 per month in the first quarter of 2010/11.

In June 2010, 179 patients were identified as suitable for diversion with 130 being successfully diverted. This represented 4% of total contracted minors activity for the month.

Financial impact

The original aim of diverting 10% of patients with primary care problems proved too ambitious and was scaled back to 6%. This equates to 3117 patients diverted per year at a cost of £59 per patient (based on the minors tariff) suggesting a saving of £184,000 per year. However, as the diversion process requires input from ED staff an appropriate “diversion” tariff is currently being discussed which would have to be deducted from the saving.

Issues

The diversion rate varied according to the experience of the nurse. More experienced nurses typically identify more patients as suitable for alternative care.

Successes

Primary and secondary care clinicians working together to secure a better understanding of ED attendances and how demand should be better managed.

Contact information

Katherine Sheerin

katherine.sheerin@liverpoolpct.nhs.uk