LESSONS FROM ECIP TO INFORM LOCAL SUSTAINABILITY AND TRANSFORMATION PLANS

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ECIP CLINICAL LEAD – HEALTH AND SOCIAL CARE INTEGRATION
ECIP’s focus

Primary care, mental health, community health services and NHS 111

*Ambulance handover
*Queueing
*Alternative pathways

*Crowding
*Escalation
*Streaming
*Assessment
*Control

*Front-end
*Assessment units
*Short stay
*Ambulatory emergency care

*Governance
*Leadership

*In-hospital flow
*Ward processes
*Discharge

*Health and social care interface
*Voluntary sector

Whole system

Frailty pathways
The ECIP hypothesis is that most systems can make better use of the resources they have.

Safer, Faster, Better sets out what we know works. Good performance relies on systems making the best use of available resources by adopting good practice and applying it without unwarranted variation. ECIP exists to help and encourage systems to do this.

1. **Knowledge** – systems need knowledge transfer to improve
   - Our team brings subject matter and improvement science expertise
   - We run learning collaboratives with events, masterclasses and webinars to spread information on best practice, supported by web resources

2. **Motivation** – systems need encouragement and support to improve
   - We use peer learning and publication of data to encourage healthy competition
   - We work with Regional Teams to support action plans and follow up where necessary

3. **Capacity** – systems have many competing priorities
   - We provide a focused environment for systems to problem-solve together
   - We develop models and tools that clients don’t have time to do alone

4. **Capability** – systems need the right types of resources to solve problems
   - The enhanced ECIST team bolsters local capability
   - We coach front line clinicians and managers in improvement techniques and good emergency care practice

5. **Relationships** – systems need to work together to solve their problems
   - Collaborating with NHSI and NHS England regional teams, we encourage constructive relationships and collaborative working
   - ECIST managers help systems develop the right governance infrastructure
Change is required to

- Attitudes
- Behaviour
- Culture
Who am I – What matters to me?

• start at the very beginning – Do see me!
• Stop current duplication of assessment throughout stay and on transfer
At the Interface with the Front Door

‘Choose to Admit’
Ambulatory Emergency Care

http://www.ambulatoryemergencycare.org.uk

Management of Acute Frailty

http://www.acutefrailtynetwork.co.uk

If necessary to admit – keep admission as short as possible
Clear plans – a stick in the ground
Understand and remove constraints

Patients time is the most important currency
The impact of unnecessary waits

- 48% of people over 85 die within one year of hospital admission

  Imminence of death among hospital inpatients: Prevalent cohort study
  David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Cannon and Christopher Isles, published online 17 March 2014 PloS Med

  If you had 1000 days left to live how many would you chose to spend in hospital?

- 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80

  - Gill et al (2004). studied the association between bed rest and functional decline over 18 months. They found a relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity, and social activity.
Making sure every day counts

- Internal Professional Standards – reduce variation
- Expected Date of Discharge and Clinical Criteria for Discharge
- The SAFER Patient Flow Bundle
- Red 2 Green #Red2Green
- Reviewing stranded patients #endpjparalysis
- Home First

ECIP Rapid Improvement guides
Use the information collected at the beginning as the basis for transfer information
The Intermediate Tier is key -
There is no one model

Time has moved on and needs to move further, voluntary sector and volunteers! Think social care in its widest sense.
Key Messages for STPs

It will take time and system leaders will have to collaborate, trust each other and empower those that deliver services

• It will take courage – be brave
• There will be paradox even apparent chaos
• Populations and frontline staff need to design and own the changes, with support, not top down change
• Create social movements
• Need to build on the assets in the communities in which people live – social model vs medical model
• This is complex change it will require simple rules to allow it to happen.
Simple Rules that work for systems

- Person Centred
- Networks of Care
- Signposting and advice simple and easy to access
- Simple/single point of access when services are required
- Timely, effective and proportionate assessment
- Blurred boundaries between professions and organisations
- Proactive care to prevent crisis
- Continuous evaluation and feedback
To work together will require

At a minimum

• Openness and transparency to allow trust
• A single system governance structure
• A system workforce strategy including voluntary and independent sector
• Ability to share information both with the people needing care and between those providing it
• Giving the frontline permission to act – let go it is not as risky as you think!
Keep it Simple

Making the simple complicated is commonplace;

making the complicated simple, awesomely simple, that’s creativity.

Charles Mingus
Thank you for listening

If you would like to continue the discussion and let us know what you are doing well or debate the things that are challenging, please do.

We can only solve this together!

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