

# **CLEAR Impact Webinar Series 2024**

## **UEC Frimley**

Improving UEC services for older people living with frailty

## Our speakers

- **Louise Duvall**, Advanced Frailty Practitioner, Frimley Health NHS Foundation Trust
- **Kate Hyett**, Former Lead Frailty Pharmacist at Frimley Health NHS Foundation Trust
- **Lucy Purdy**, Workforce Lead, NHS Frimley Integrated Care Board
- **Lisa Newbull**, Senior Clinical Consultant, the National CLEAR Programme



# Agenda

1. The National CLEAR Programme
2. CLEAR UEC Frimley Project
3. Key findings, recommendations, quick wins and projected impacts
4. Personal reflections
5. NHS Frimley ICB perspective
6. Q&A

# The National CLEAR Programme

The CLEAR Programme - originally developed in partnership with Health Education England - is sponsored by NHS England, regions and systems.

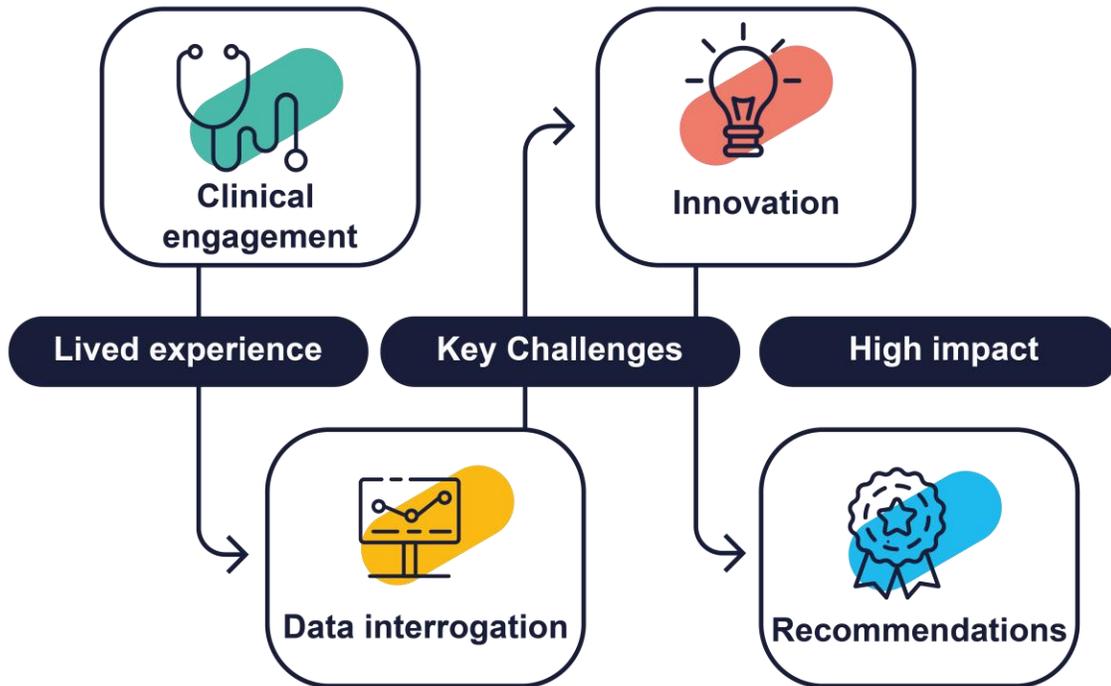
The Clinically-Led workforce and Activity Redesign (CLEAR) Programme places clinicians at the heart of healthcare decision making and innovation and combines clinical insight and data analysis to create innovative new models of care and workforce redesign.

CLEAR is hosted and delivered in partnership with East Lancashire Hospitals NHS Trust.

**Empowering the frontline to design innovative new models of care and workforce**

# The CLEAR approach

Integral to all projects is CLEAR's methodology which has four key stages.



## CLEAR methodology

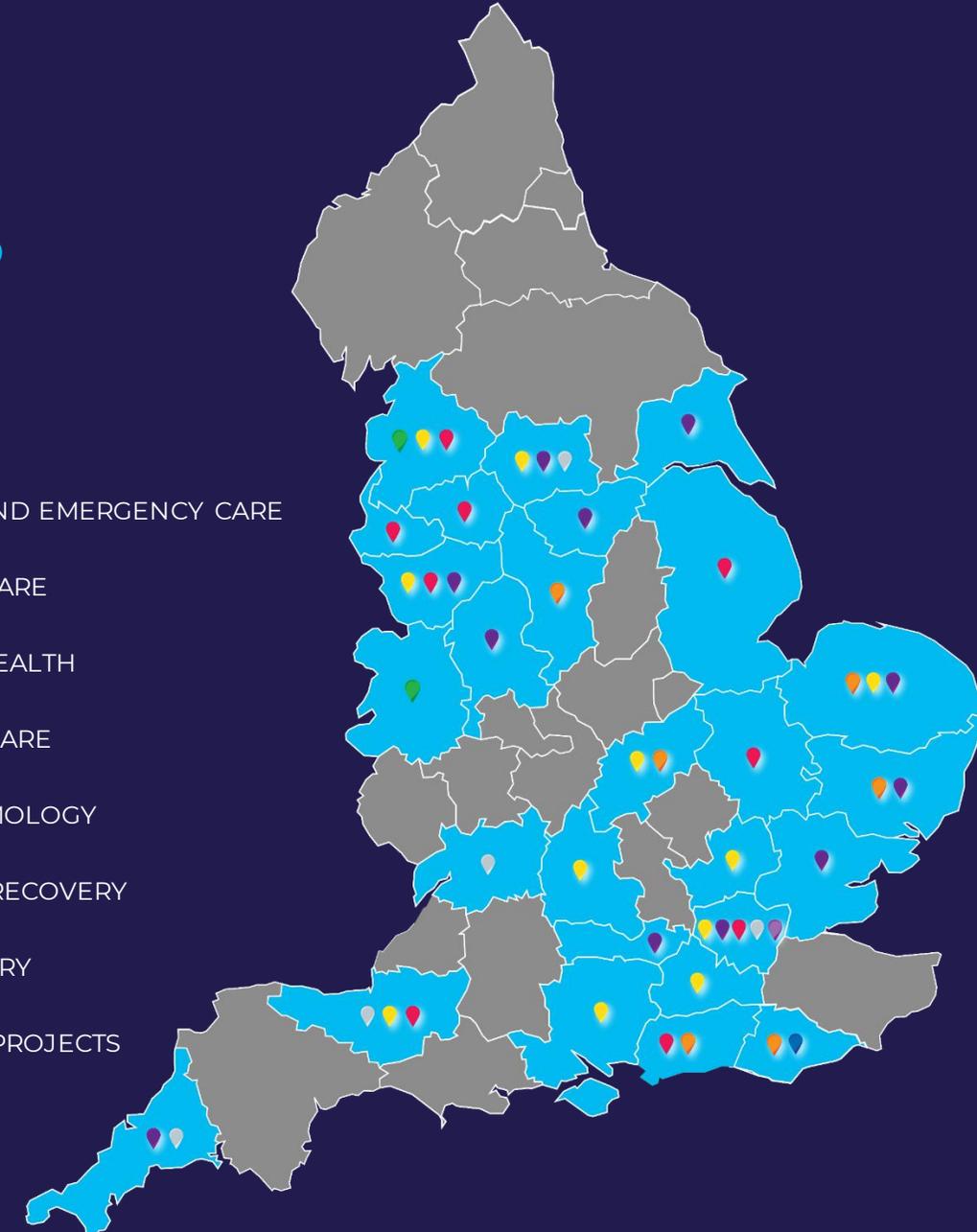
1. **Qualitative:** Understand demand and lived experience of front line team
2. **Quantitative:** Review and perform in-depth quantitative patient level data analysis
3. **Review** and understand key challenges and work with frontline teams to co-develop innovative new models of care and workforce
4. **Publish** recommendations and potential outcomes



The CLEAR team comprises more than 70 staff including NHS clinicians, education specialists and data analysts united in their passion to improve services.

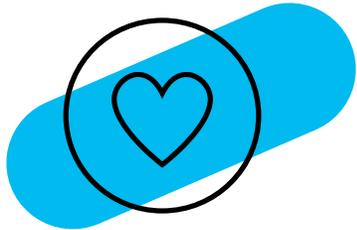
## CLEAR is supporting the NHS across key priority areas

- The programme provided rapid support and training to the NHS during the COVID-19 pandemic and continues to support the NHS in restoring and transforming services.
- 50+ projects have been completed and more are underway in England across key NHS priorities including UEC, mental health, primary care, elective recovery and ophthalmology.

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- 📍 URGENT AND EMERGENCY CARE
  - 📍 CRITICAL CARE
  - 📍 MENTAL HEALTH
  - 📍 PRIMARY CARE
  - 📍 OPHTHALMOLOGY
  - 📍 ELECTIVE RECOVERY
  - 📍 RESPIRATORY
  - 📍 BESPOKE PROJECTS

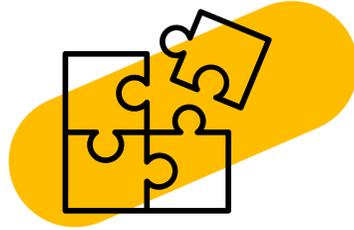
# The aims of the CLEAR programme

**CLEAR empowers clinicians** to improve patient outcomes, system efficiency and the experience of both patients and staff. It supports NHS services to resolve challenges in all situations – the programme has helped the NHS during the pandemic surges and continues to support the recovery of the NHS addressing priority themes. The benefits of CLEAR are outlined below:



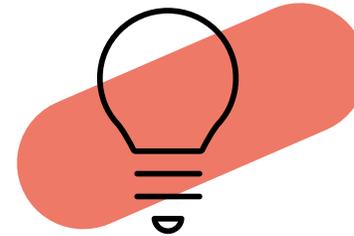
## Clinically-led culture

Increasing the control of clinicians and clinical teams in the design and operations of front-line health care delivery, improving morale, well-being and staff retention and recruitment.



## New skills

Embedding core improvement techniques and skills into working practices of front-line professionals, upskilling the workforce and improving system productivity.



## New ways of working

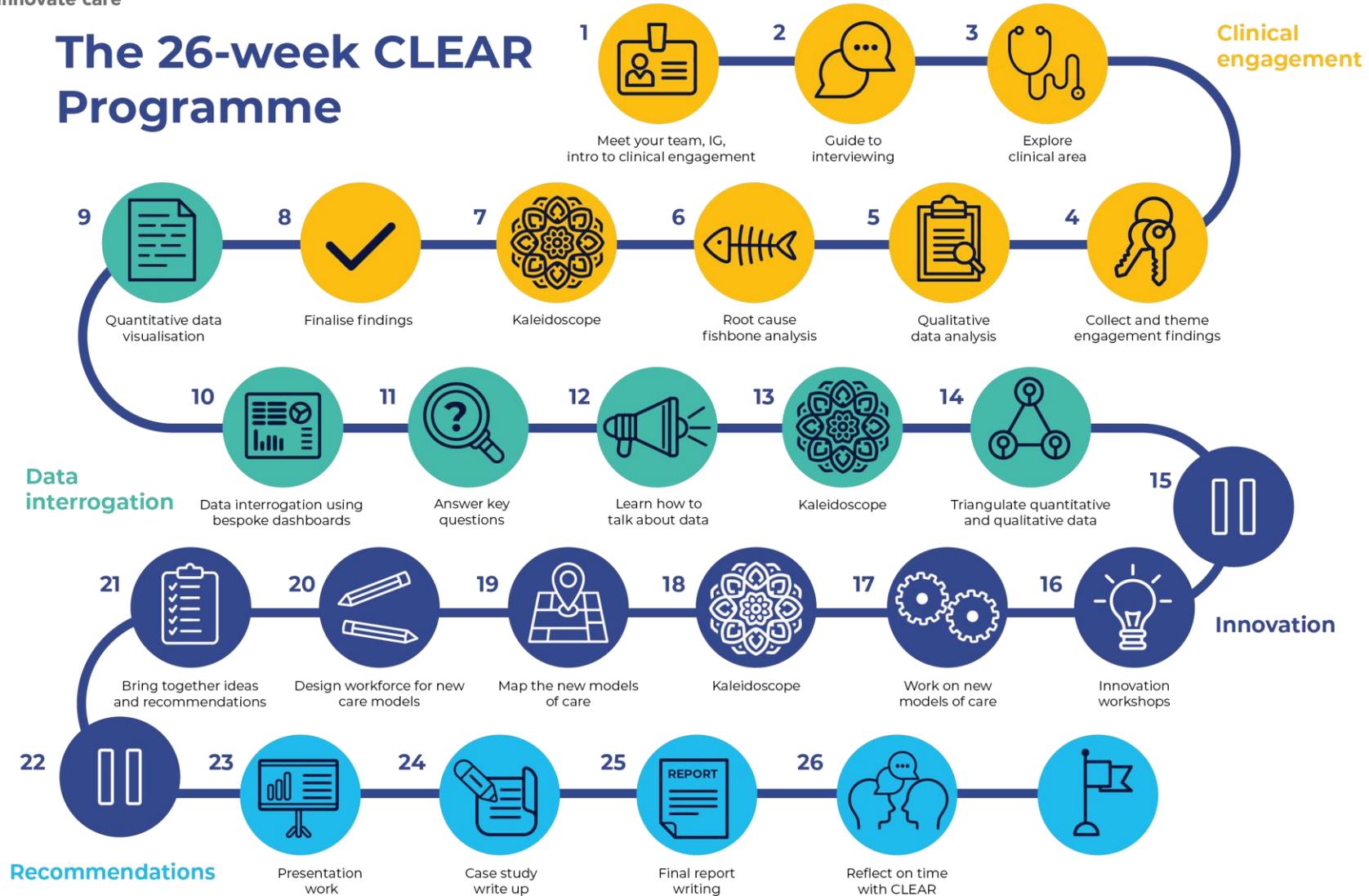
Providing a more efficient solution to the design of complex change programmes than the traditional model of outsourcing to external consultants.



## Clinical ownership

Delivering solutions which are clinically owned and hence more likely to result in tangible lasting improvements.

## The 26-week CLEAR Programme





# CLEAR UEC Frimley 2023



## Background

UEC services remain under significant pressure with **system-wide challenges** impacting patient flow - some areas are experiencing **the highest 12-hour waits in the past 12 years**.

**General and acute bed occupancy remains high at 94%**, with a continued high volume of delayed discharges with **more than 13,000 patients medically fit to leave hospital**.

On average, **50% of older patients living with frailty** stay in hospital for **more than 21 days** once admitted.

## Project scope

Focus on the urgent care of frail patients at Frimley Park Hospital and Wexham Park Hospital

### Aims

Gain an understanding of current services in place

Identify gaps in care for frail patients within UEC

Optimise and improve efficiency of the current workforce

Future-proof the Acute Frailty Service for an aging population

Reduce admissions and length of stay for frailty patients



# Key findings, recommendations and projected impacts

## Key findings

### 1. Collaboration not optimised

*"We've lost some of the links that we had and the relationships that we had pre-Covid"*

*" 'Politics' means that [collaboration] is not currently feasible in ED"*

### 2. Estates and resources

*"SDEC too far from other areas of the hospital"*

*"Co-location is key"*

*"It was much better when the [frailty] office was in ED as we could just pop in and ask questions"*

### 3. Frailty workforce

*"Locum consultants don't always have a geriatrics background"*

*"Lack of consistency"*

### 4. Training needs

*"Never had any frailty training"*

*"There is no time to complete training or teaching"*

*"ED would benefit from training on what the frailty criteria is"*

### 5. Processes and pathways

*"X-ray should be noticing that frailty patients [on SDEC] should be classed as ED urgency"*

*"SDEC beds not ringfenced"*

# Recommendations

## 1. Reduce length of stay by

- Ensuring a streamlined and clear frailty pathway for in and out of hours
- Frailty coordinator streaming within ED to identify patients early
- Frailty to routinely pick patients off the ambulance line
- More referrals taken directly from GP and ambulance

2. Extend working hours of the frailty service to **8am – 8pm, seven days per week** to increase number of patient assessments in ED and **admission avoidance support and reduce inpatient length of stay**

3. Trust IT system (Epic) enhancements to improve coding and efficiency of the team

## 4. Introduce a training and development role within the frailty team, responsible for

- Regular frailty roadshows and training sessions for trust staff to embed a proactive approach to frailty
- Ongoing development of frailty champions
- Frailty mandatory training
- Introduction and development of the community matron/frailty practitioner rotational secondment

5. Locate SDECs and the frailty team closer to ED to improve efficiency, visibility and collaboration with ED/AMU

6. Collaborate with community teams to streamline referral and discharge processes

- Reduce number of referral forms required per county

# Quick wins

**Frailty training**

**Cross-site and wider service collaboration**

**Rebrand and relaunch the frailty team**

**Patient flow SDEC**

**EPIC EPR – data collection**

**Early CGA assessments – front door assessments**

**Workforce service hours**

**Frailty champions**

# Projected impact of cost savings: FHFT ECDS data – Frimley site

Cohort numbers based on admitted patients >65, BIBA presenting with a frailty related complaint ECDS May 2021 - May 2022

**54,385** bed days available per year, **64.2%** (34916) are used by Frailty cohort

## Reducing LOS for patients admitted for more than 1 day

Median LoS increases to 10 days for patients admitted for more than 1 day

Total number of patients admitted (2 or more days) - 3659

A **20%** reduction in LoS (2days) would save :

- **7318** bed days per year
- **13.4%** of annual bed capacity released

Potential cost saving :

**£2,195,400 per year\***

\*Cost of bed day according to NHS national cost collection data ~£300

# Projected impact of cost savings: FHFT ECDS data – Wexham site

Cohort numbers based on admitted patients >65, BIBA presenting with a frailty related complaint ECDS May 2021 - May 2022

**54,020** bed days available per year, **73.1%** (39520) are used by the Frailty cohort

## Reducing LoS for patients admitted for more than 1 day

Median LoS increases to 11 days for patients admitted for more than 1 day

Total number of patients admitted (2 or more days) - 3768

A **20%** reduction in LoS (2.2days) would save :

- **8290** bed days per year
- **15.3%** of annual bed capacity released

Potential cost saving :

**£2,487,000\***

\*Cost of Bed Day according to NHS National cost collection data ~£300

# Projected impact

## For our patients:

- More patients to have access to holistic CGA assessments by a specialist MDT - in the right time, right place (NHS England, 2023)
- Improved satisfaction and experience
- Treatment provided by clinicians who are well educated in the management of frailty syndromes
- Reduction in prolonged hospital stays – better outcomes and improved quality of life and KPIs.

## For the trust:

- Reduced length of stay in ED - improved adherence to the four-hour target
- Reduced emergency admission rates and bed days for frail patients
- Staff who feel supported and empowered to care for the needs of frail patients
- 'Making our money work' by becoming more efficient (Frimley Health NHS Foundation Trust, 2020)
- Future-proofing our workforce to meet the needs of an aging population

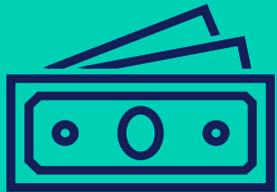


Frimley Health NHS Foundation Trust

## Frimley frailty service recommendations in numbers

**£15.6m**

Is the current cost of doing nothing for the identified cohort \*



**2190**

Additional frailty service hours at no extra cost to the system



**16,739**

Potential bed days saved



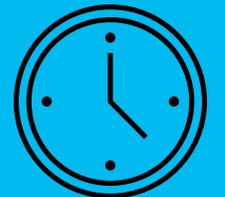
**£4.6m**

Potential cost saving from saved bed days / reduction in LoS



**£339k**

Potential cost saving from extending service hours / admission avoidance



## Summary



The CLEAR project has provided the **opportunities to implement and develop local and national initiatives to improve care for frail patients** within Frimley Health Foundation Trust.



If **hospital admissions and length of stays are reduced**, it will have **significant cost savings** as well as ensuring good patient care and experience.



This will require **system-wide working**, joining up care led by partnerships between the frailty team and wider specialties to maintain the success of this new model of care.

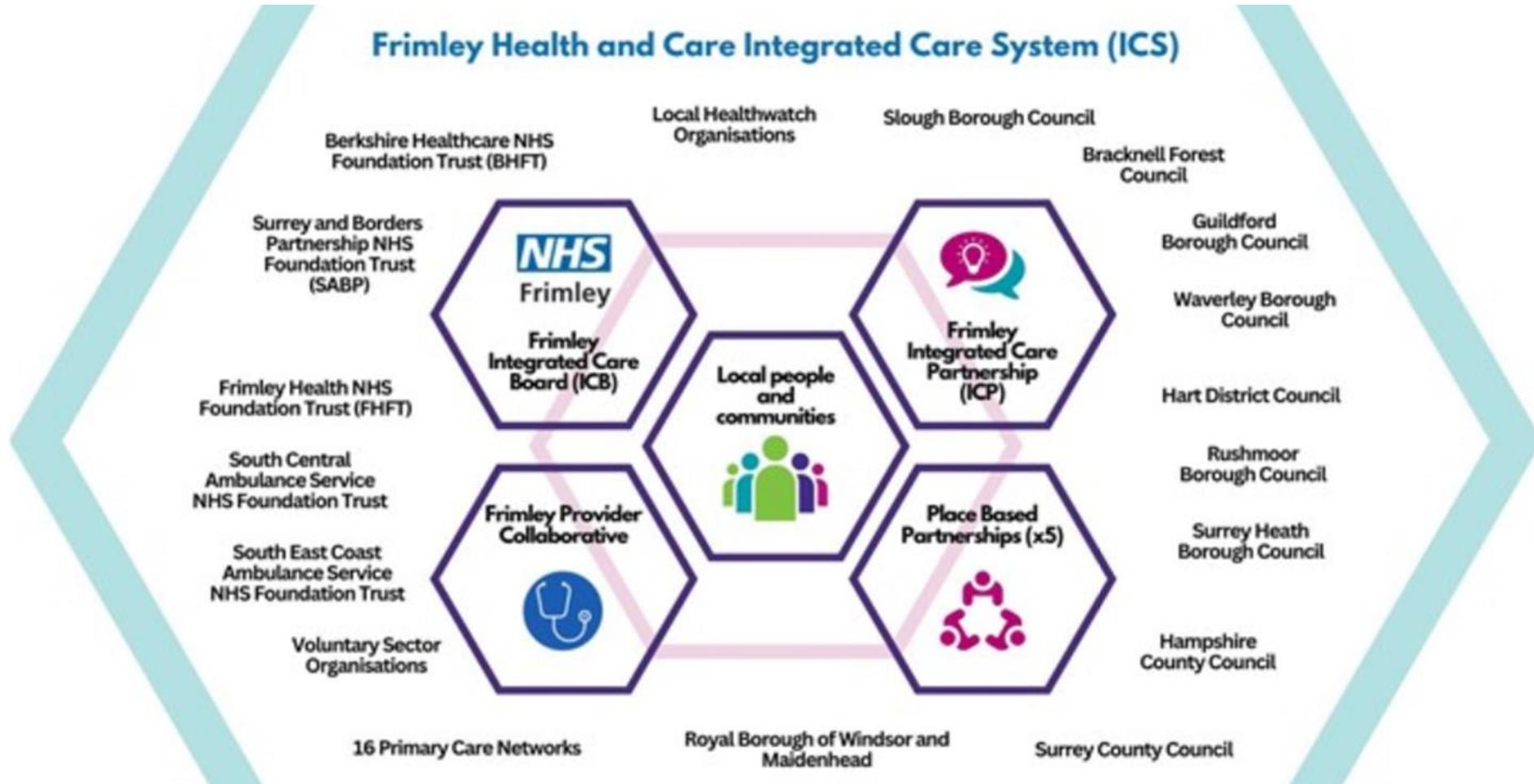


# Personal reflections



# NHS Frimley ICB perspective

# Our partners



# Workforce transformation in Frimley ICS

Emphasis on the need for workforce redesign in the NHS People Plan (2020/2021)

Three core principles to attain staff: train, retain, and reform formed the basis of the NHS Long Term Workforce Plan (2023)

Many improvement tools available to NHS organisations

We embraced CLEAR for our system because:

Funded

supported

skills-based

data deep dive

5-year planning trajectory



# Learning from the CLEAR programme

Frimley worked with Oxford and Thames Valley Health Innovation to evaluate our CLEAR programme and to learn lessons about how best to support workforce transformation in the future.

## How the ICB can support workforce transformation

- CPO involvement
- Relationship building
- Project support
- Governance support
- Funding
- Platform for sharing ideas, spreading methodologies
- Central to the ICB People Strategy

## Conditions which can facilitate project success:

- Board to floor engagement
- Senior sponsors
- Protected time for clinicians and project support
- Co-design approach
- Clear evidence-based aims and objectives
- Funding
- Opportunity for skills development
- Demonstrable Return on investment



**Any questions?**



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NHS Trust

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