CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

The impact of CLEAR: the findings and learning from latest projects

Dr. John Jeans
CLEAR Programme National Lead

Claire Brewster
CLEAR National Faculty

Emma Maguire
Dementia Case Manager, Healthy Hyde PCN

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

CLEAR Urgent and Emergency Care Programme: key findings and learnings

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

UEC national priority

Improving UEC is a national priority in the NHS Long Term Plan. The aims of the Delivery Plan for Recovering UEC Services published earlier this year are to:

- reduce waiting times
- improve urgent care in the community
- avoid unnecessary hospital admissions
- speed up discharge

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

10 hospital trusts in the CLEAR UEC programme

Pilot phase - 2019

- Blackpool Teaching Hospitals NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- East and North Hertfordshire NHS Trust
- Calderdale and Huddersfield NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- Taunton and Somerset NHS Foundation Trust

Phase 2 - 2021

- Mid Cheshire Hospitals NHS Foundation Trust
- Hampshire Hospitals NHS Foundation Trust
- Mid Yorkshire Hospitals NHS Trust
- Kettering General Hospital NHS Foundation Trust

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Challenges

- 40% increase in number of patients attending ED over the last 15 years while inpatient bed numbers have declined
- Increasing pressures across UEC and record numbers of patients waiting more than 12 hours for admission

Four key themes identified

Congestion in ED
causing long waits, performance challenges and low staff morale

Misalignment of streaming pathways
underuse of specialist streaming pathways, which was hampering patient flow and resulting in poor patient experience

Challenges in managing high volumes of older patients living with frailty
causing prolonged length-of-stay in ED and high admission rates

Ensuring clinical staff have the right skills mix for patient cohorts
The skills and experience not always aligned to patient need

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

CLEAR recommendations

New models of care and ways of working

To improve the quality, safety and effectiveness of patient care
e.g. new Older Persons' ED, new early assessment process for walk-in adults and new triage and treat area

New skills mix

Broadening the skill base of staff and enabling colleagues to work in more flexible and new ways to meet patient needs and to relieve pressure on the workforce
e.g. emergency nurse practitioners upskilled to treat minor illnesses, new team to assess priority walk-in patients, MDT team to assess non-urgent patients

New roles

Introducing new positions to ensure high quality care, easing pressure and optimising pathways
e.g. longer stays nurse, discharge facilitator and frailty advocate

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Forecast impact

- Predicted productivity gains of £10.5 million for NHS trusts involved in phase one
- £4.5 million of savings expected to be generated for phase 2 trusts
- Reduced overcrowding and congestion
- Reduced length of patient stays in ED
- Up to 50% fewer unnecessary admissions for older patients living with frailty
- Better overall patient care and experience
- Improved staff satisfaction morale and retention

Around 70% of recommendations made during phase one of the programme have been implemented. Implementation of phase two recommendations is still ongoing.

> ***Having the CLEAR fellows in ED helped to inform and guide the improvement efforts of our ED. Their influence on our strategic thinking is still evident 2 years later."*** *- Dr James Harrison, ED Consultant and Associate Medical Director, North Middlesex Hospital*

Hampshire Hospitals NHS Foundation Trust - CLEAR Urgent and Emergency Care

Augmenting and improving care through changing the skill mix across different roles

5 Clinicians leading analysis

44 staff interviewed

171,145 patient records analysed

Sites serve population of 600,000 people

Employs 8,600 staff across 3 sites

£3.2m savings from admission avoidance/LoS

Challenges

The Royal Hampshire County Hospital (RHCH), a non-trauma receiving hospital, was facing duplication of front door streaming and triage processes, leading to long waits for initial assessment and low staff morale.

A high proportion of frail patients were waiting 90 minutes for initial assessment and many were fit for discharge within 24 hours, but transport difficulties resulted in increased length of stay (LoS).

Recommendation

- Improvements to streaming process: Walk-in patients to be streamed by an experienced and appropriately trained nurse, eliminating the need for additional triage.
- Upskill the existing emergency nurse practitioner (ENP) workforce to see and treat minor illness patients, in additional to minor injuries and create a cadre of advanced care practitioners (ACPs)
- Creation of a dedicated frailty zone within ED, Older Person's ED (OPED), using the existing frailty teams with support from the ED nursing team.

New skills mix – upskilling ENPs for minor illness service

The outcome of the modelled changes to the workforce along with the changes to the skill mix are described below.

Role	Cons	ST	CT	ACP / ENP	Nurse (6/7/8a)	Nurse (5)	HCA	Total
Current WTE	6	10	18	18.2	17.5	45	32	146.7
Future WTE	4	10	12	28	21.5	45	36	156.5
Change	-2	0	-6	9.8	4	0	4	9.8

Impact – enhanced productivity and efficiency

- Potential to **prevent up to 6,900 admissions of frail older patients** with reduced LoS of unavoidable admissions resulting in **savings of over 3m.**
- Enable **staff to upskill** and train in minor illness with potential for future development for ENPs, to pursue **Advanced Care Practitioner (ACP) rou**te in line with national practice.
- 6 WTEs of **medical time released** along with improved patient satisfaction with reduced length of stay for those with minor illnesses
- Embeds systemwide working providing a direct pathway for the ambulance service to refer frail patients to the hospital team.

Kettering General Hospital NHS Foundation Trust – CLEAR UEC

Optimising the use of new estate in Kettering General Hospital

CLEAR
#CLEARweek 20-24 March 2023

3 clinicians leading analysis

22 staff interviewed

219,375 attendances analysed

KGHFT population of 200,000 people

ED sees more than 255 patients a day

£423,225 savings from reduced admissions

Challenge

Kettering General Hospital had undergone significant changes to its estate as part of its COVID-19 response which was presenting new challenges in the delivery of care. These included changes from ambulatory model to a co-located Medical SDEC and redesign of a minor injuries and minor illness area (MIAMI) in 2020.

Older patients were spending longer in ED than other cohorts and a high number of patients who were suitable for SDEC but criteria was unclear and capacity limited.

Recommendation

1. Develop an Ambulatory Pit-Stop Model (APSM) for the rapid assessment of all priority patients with three rooms in majors open 8am –10pm Monday to Friday
2. Develop an Older Adult Assessment Unit (OAAU) for "fit to sit" patients aged 65 and above. This would be a new 10-seated clinical area for all 65 and over fit-to-sit patients also open 8am – 10pm weekdays.

New skills mix – redesign with expansion of team

Ambulatory Pit-Stop staffing: 1 ED SpR or ANP, with 1 band 5 nurse and 2 HCAs, anticipated to see about four patients an hour.
Older Adult Assessment Unit staffing: 1 ANP, 1 nurse, 1 NA, 1 therapist, 1 porter and 2 HCAs, with out of hours outreach from 1 ANP and 1 therapist.

Impact – increased productivity, faster treatment

1. Ambulatory Pit-Stop Model (APSM)
Forecast **reduction in admissions, resulting in £423,225 savings** (assuming an average cost of £380 per bed day and no reduction in admission rate for priority cohort of 15,300 with average 3-day LoS).

- Prompt assessment of priority patients with early senior decisions, with improved access to SDECs and faster downstream assessment
- Reduction in number of medical investigations performed
- Improved staff and patient experience

2. Older Adult Assessment Unit (OOAU)

- Improved patient experience with reduction in waiting times, and reduction in risk, such as from falls in the ED
- Enhanced discharge process, with early therapy assessment
- Reduced admissions out of hours
- Improved staff experience, with increased educational opportunities.

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

CLEAR Anticipatory Care

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

CLEAR AC programme overview

- **5 PCNs** across England took part in the 26-week project between January and July 2022: Hyde, TABA, East Warrington, Camden and Regis.
- Clinicians from each PCN were trained in the CLEAR methodology, learning the fundamentals of clinical engagement and data analytics, **empowering them to redesign new models of care and workforce**.
- Case studies have been published on the CLEAR website.

East Warrington
Camden
Regis
TABA
Hyde

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Thematic overview of key recommendations

1. Communication – proactive care needs assessment, multi-agency working, common language – available to all, carers support at PCN level
2. Inter-collaboration ICS/PCN Level, record sharing, multi-agency working
3. Data sharing, system design and demand, using existing tools more efficiently
4. Understand local needs and challenges, community empowerment
5. Workforce – new ARRS roles – linking in with ICS, proactive approach, upskilling

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Implementing recommendations to practice

Emma Maguire
Dementia Nurse case Manager

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Site specific snapshot – Hyde PCN

We cover a population of **72,000 patients** through **8 member GP** Practices – **7.7% come from BAME** communities

- 48.3% of Hyde's population live in the **20% most deprived** LSOAs (Lower layer super output area)
- Healthy **life expectancy is below** the national average by 5.3yrs for men (58.1/63.4) & 6.1yrs (57.8/63.9) for women
- **0.99% of PCN population have dementia** (England average 0.79%)
- **21% of our patient's smoke** (England average 16%)

Project scope: Anticipatory Care Planning for people with a diagnosis of dementia not living in Care Homes

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Key Findings: Qualitative themes

1. Communication

- Poor communication between organisations repetition of work
- Poor knowledge of roles in other teams

2. Lack of collaboration

- Rejected referrals without feedback
- Multiple services working with same patients independent of one another

3. Inequity of care

- Patients who lack capacity are treated differently to those who do have capacity
- Undefined referral criteria

4. Accessibility

- Location of services
- Restrictive referral criteria

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Key Findings: Quantitative themes

664 patients with dementia identified using the filters on the previous slide, 354 living at home and 310 living in 24 hour care homes

Data is showing that patients in their own homes are having double the number of GP appointments compared to those living in 24 hour care

Patients in care homes are having greater exposure to other health care professionals when compared to those who live in their own homes. This could possibly be due to the presence of CCNs in care homes.

Of our 664 dementia patients, there have been 23 referrals made into mental health services - this number seems low and coincides with the clinical engagement theme of accessibility

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Dementia Case Management Service

Healthy Hyde PCN

The Dementia Case Management Service proactively cares for patients with a dementia diagnosis not living in 24hr care homes, through focused co-ordination of their complex needs.

Working inclusively to ensure all stakeholders in an individual's health and care are part of formulation, implementation, and assessment of a strengths-based plan. The DCM would manage personal goals, wishes and expectations to ensure focus remains on the optimisation of health and wellbeing from in a way that promotes shared decision making. This person-centered approach will help to support patients and families and reduce unplanned events and unwarranted health outcomes.

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

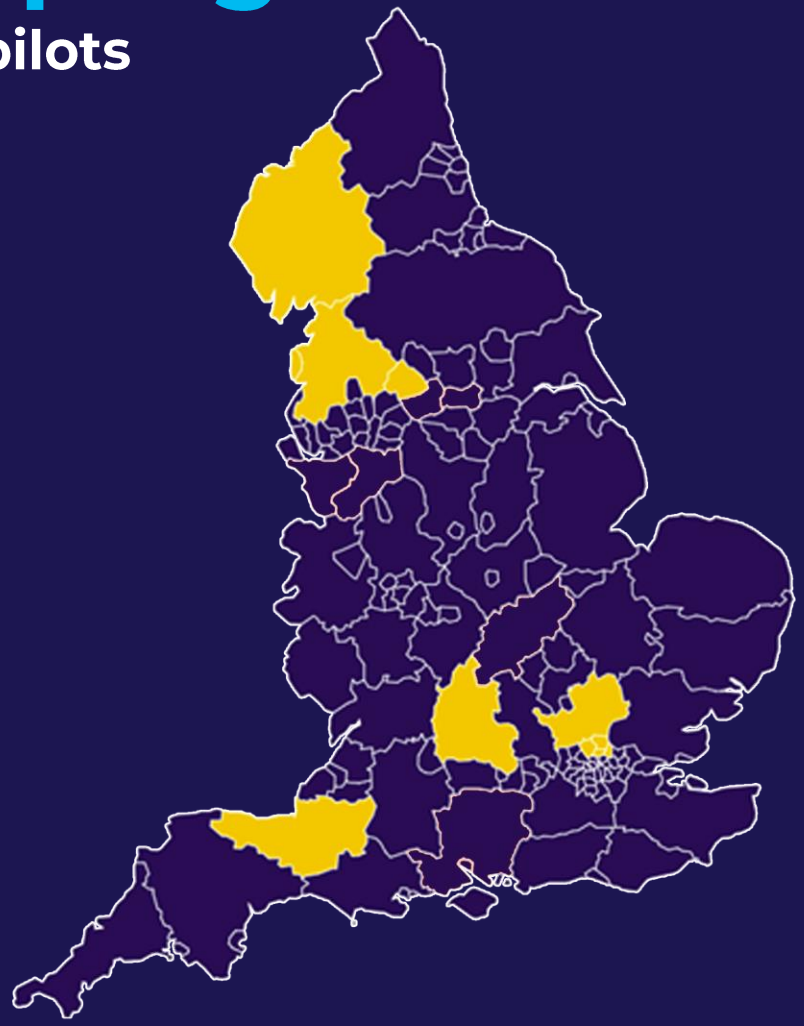
CLEAR Impact

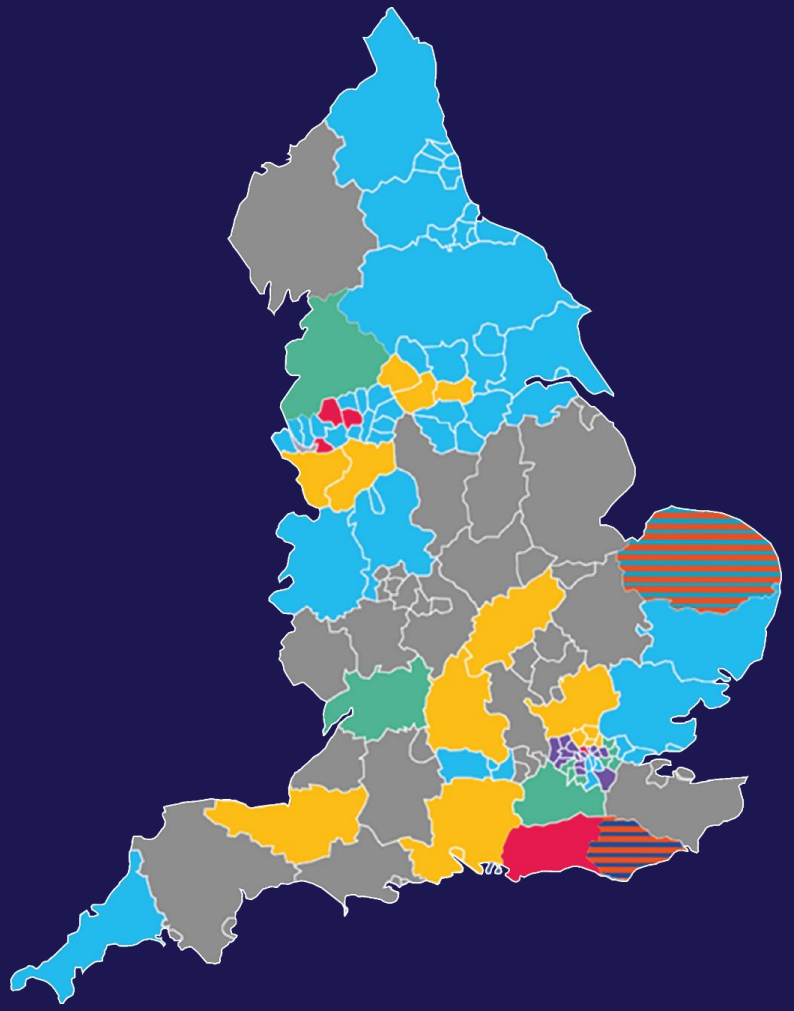
CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

CLEAR programme started in 2019

With 6 UEC pilots





COVID19 ICU Remote Learning Course (CIRLC)

CLEAR
#CLEARweek 20-24 March 2023

99 experienced ICU staff taught on the course which ran 36 times between March and May 2020

More than 1,500 participants trained during the first wave

More than 1,000 participants trained during the second wave

Candidates were sourced from more than 200 NHS trusts throughout the UK and Ireland

Challenge

- Intensive care units were in a crisis from COVID19
- Staff and services stretched to limits
- Urgent need to upskill health care professions to work in ICUs
- A need for protective personal equipment (PPE)

Recommendation

COVID19 ICU remote learning course

- Practising NHS intensive care specialists, experienced clinical academics and critical care educators, created a one-day course which consisted of pre-recorded lectures followed by interactive tutorials delivered by experienced ICU clinicians.

Supplementary course

- As the need shifted from acute care to rehabilitation, a supplementary course focusing on multi-disciplinary rehab for chronically ill ICU patients was created.
- More than 800 candidates, completed the course between May 2020 and January 2021.

Impact

- The courses were successful and had positive feedback from participants. They provided a rapid response to the urgent need for large scale upskilling of the workplace.
- HEE described the training as “an example of workforce agility at its best.”
- Intensive care specialists shared their expertise during the pandemic, where they became tutors/trainers to others, easing pressure on colleagues on the ICU frontline.
- The courses greatly increased the confidence of participants, including those with no previous experience of working in ICU.
- HEE plans to deliver CIRLC across London to meet the training needs required to maintain a flexible critical care workforce.

Lessons learnt

- Both courses demonstrated how learning technologies can be used to create innovative solutions to education that optimises the skills of the available workforce.
- The rehab course showed there were gaps in general awareness about the importance of nutrition - something that should be considered in other critical care education courses.
- The CIRLC model enables flexible working which may help to address the workforce crisis facing the NHS and healthcare systems across the world.

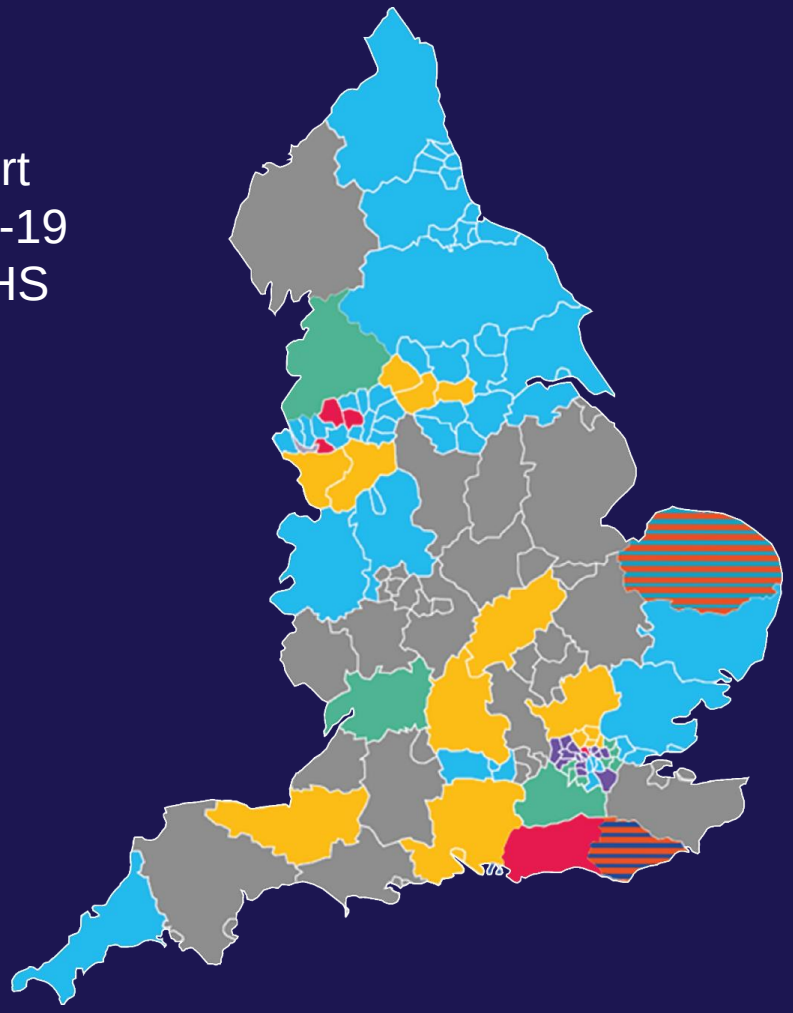
CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

CLEAR is now supporting the NHS across key priority areas

- The programme has provided rapid support and training to the NHS during the COVID-19 pandemic and continues to support the NHS in restoring and transforming services.

- 40+ projects have been completed across England empowering more than 100 clinicians with more projects underway in mental health, primary care, elective recovery, oncology and catheter care.



URGENT AND EMERGENCY CARE
CRITICAL CARE
MENTAL HEALTH
ANTICIPATORY CARE
OPHTHALMOLOGY
OPERATING THEATRES
BESPOKE PROJECTS

People outcomes

47 Associates have completed the educational programme

87.5% 'very or extremely confident' in using data for improvement work after completing CLEAR

3 associates have been given promotion or new role as a direct result of CLEAR this year

Clinicians taking part in CLEAR develop valuable new skills in:

- **Clinical engagement**
- **Data analysis and interrogation**
- **Project management and leadership**

87% felt very or extremely confident in the design of innovation solutions
62% said it helped improve their chances of career progression.

"I was promoted based on the knowledge from CLEAR"
MH associate

"I now feel I would approach change in a different way"
UEC associate

"I've never evaluated data before and enjoyed seeing the themes emerging"
UEC associate

"CLEAR made me feel more confident and gave me the final motivation to go for promotion"
UEC associate

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

North Sedgemoor PCN

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Redesigning Same Day Care Services in North Sedgemoor PCN Summary

Key challenge

The demand for same day care in North Sedgemoor PCN exceeds capacity and is increasing.

Locum activity has risen by 185%.

There are significant health inequalities.

Coupled with a workforce crisis, radical action was required to redesign services and increase access.

Solutions

1. Optimisation of current acute services in ophthalmology and pharmacy
2. Enhanced triaging
3. Integration of a same day care hub with GPs working in a consulting fashion
4. Optimisation of ARRS roles with introduction of first contract practitioners, a mental health hub, a women's health hub
5. AI technology for the management of skin lesions
6. Collaborative working across the PCN to reduce health inequalities and improve access

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Ophthalmology

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

CLEAR Ophthalmology Summary

- **Clear backlog and waiting lists**, eliminating need for support from private sector for cataracts.
- **Reduced cataracts lists**, from 29 to 19 pcm, saving >£1m pa whilst meeting cataracts service demand.
- **~£250k savings avoiding lost theatre time** due to last minute cancellations.
- **Lower imaging costs** with up to £27k savings.
- **Diversification and workforce optimisation** supporting recruitment and retention
- **Remove the need for the independent sector**

New models of care for glaucoma and outpatients would be **£835k/year less than scaling the current model with 50% fewer consultants** (costs covered by cataracts savings).

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Elective care: two case studies

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

East Sussex Healthcare NHS Trust Summary

Key opportunities

- **Systems and processes**
  Booking, validating, optimising, coordinating and communicating with patients for surgery
- **Hospital capacity and patient flow**
  Ensuring continuous patient flow to minimise disruption to planned care bed base
- **Patient complexity and COVID-19**
  Recognise increasing complexity to allow planning with appropriate resource allocation
- **Workforce recruitment and retention**
  Developing workforce roles and responsibility to deliver better patient care

Projected impact

- **10% productivity gain** in the number of cases performed across all engaged specialities valued at c£1.4m
- **Reduced hospital length of stay** through implementation of seven-day physiotherapy service, gaining up to £629,600
- **Integration of new technology (CCS)** into normal working practices
- **Further workforce development opportunities** improving workforce recruitment and retention e.g. Elective care coordinator role to validate and coordinate bookings with teams and patients.
- **Reduction in late cancellations** with better patient coordination and communication
- **Improved patient care** through enhanced patient contact during pre-operative journey supported by early specialist input.

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Health economic evaluation of the formative impact of CLEAR

- **Delivering impact is a point of focus throughout CLEAR projects – and it is not about cost savings**
  Recommendations are designed to deliver positive and material impact to patients, workforce and/or systems, including
  - More efficient use of capacity e.g. Reduction in admissions, waiting times, LoS, investigations, incorrect referrals, admissions or readmissions etc
  - Increased capacity e.g. freed-up clinical time, improvements in sickness or vacancy rates
- **Independent health economic assessment to validate**
  Health economists have identified an average return of £3.59 per £1 of cost of the models of care recommended and the cost of running participating in CLEAR
- **Higher implementation likelihood due to clinical engagement**
  The economic evaluation has identified the higher levels of clinical engagement within CLEAR as a key drivers for recommendations being more likely to be successfully implemented compared to other complex intervention

The impact of CLEAR projects, measured as return on investment, ranges from £2.3-£5.5 per £1 invested

£ RETURN ON INVESTMENT PER £1 INVESTED			
	Conservative	**Base Case**	Optimistic
All projects	2.24	**3.59**	4.83
Urgent & Emergency Care	2.40	**5.54**	8.39
Mental Health	2.33	**2.84**	3.36
Anticipatory / Proactive Care	1.99	**2.37**	2.75

RREAL
Rapid Research Evaluation and Appraisal Lab

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Next steps - our current CLEAR programmes

- Living Well
- CLEAR NEY Regional Capability
- CLEAR Catheter Care
- CLEAR UEC Frimley (frailty)
- CLEAR Elective Recovery
- CLEAR East of England UEC
- CLEAR Elective Recovery Outpatients

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

Thank you!

clearprogramme.org.uk/

@clear4care

linkedin.com/company/clear-programme

33n

CLEAR
#CLEARweek 20-24 March 2023

NHS
Health Education England

CLEAR recommendations for transformation

The outcomes of a CLEAR project include a set of recommendations which are presented to the executive board of the trust/system/PCN by the clinicians leading on the project .

New skills mix

- Optimise use of different roles to create a more flexible and engaged workforce
- Use skills within existing roles to full potential
- Enhance career pathways for progression in alignment with local patient need
- Harness potential of data
- Expand workforce and increase permanent workforce capacity
- Support transformation with capacity