

ITEM: 5

MEETING: Trust Board

TITLE: Right Care: Right Place Evaluation

SUMMARY:

In November last year the Board agreed to a request from Islington PCT to pilot a scheme called Right Care Right Place where patients are redirected from the Emergency Department to appropriate care in Primary Care, subject to an evaluation being carried out.

This paper contains the evaluation report from the 'Right Care Right Place' pilot that has been running in the Emergency Department since January this year. The evaluation was carried out by a trainee GP supervised in the Public Health Department of Islington PCT.

From a PCT perspective Right Care Right Place has had limited success as their original aim was to re-direct up to 25 patients per day and so achieve a cost saving of approximately £500k per year, less the cost of the scheme (£53K per year for the nursing costs).

The financial loss to the Trust in terms of patients not treated in ED over the period of the pilot was £43k.

Alongside this, the paper describes an overall reduction in ED attendances – there was a 15% reduction in minors attendances over the period of the pilot compared with the previous year.

Both Trusts were keen to ensure that it was a safe scheme, cost effective and acceptable to patients. The evaluation suggests that the service is both safe and relatively acceptable to those re-directed.

The reasons the numbers of patients being redirected have been less than originally anticipated by the PCT are:

- The agreed protocol for redirection contained only a limited range of conditions appropriate for redirection.
- Redirection projections were based on an early subjective audit and are not in line with the numbers generated by the agreed protocol.
- GP practices have been incentivised to reduce attendances in ED and this has contributed to a fall in the numbers attending who otherwise might have been re-directed.
- Changing established patient management processes takes longer than initially anticipated and there were some operational staff issues during the pilot.

The PCT have stated in their commissioning intentions that they wish this scheme to continue for the next 18 months whilst they develop their urgent care strategy. In the meantime, they have asked that we review and extend the protocol.

The Board are given this report for information and agreement re next steps:-

- To continue redirecting patients in line with a revised protocol approved by the Trust Clinical Governance Committee.
- To inform the future urgent care strategy.

ACTION: For information and to agree next steps.

REPORT FROM: Siobhan Harrington, Director of Primary Care

SPONSORED BY: David Sloman

Financial Validation

Lead: Trish Donovan

Compliance with statute, directions, policy, guidance

Lead:

N/A

Compliance with Healthcare Commission Core/Developmental Standards

Lead:

Reference:

Compliance with Auditors' Local Evaluation standards (ALE)

Lead:

Reference:

Compliance with requirements of FT application and monitoring regime

Lead:

Reference: