

Urgent Care Innovation TRIAGE Evaluation March 2022

Executive Summary

Due to the increasing and ongoing challenges of the COVID-19 pandemic over the winter period of 2021/22 and the impact this will have on maintaining and increasing access to timely health care, the South Powys Cluster proposed to implement strategies that add value over the winter period for patients accessing health services.

Through their work in the development of a CIC in South Powys, the cluster had implemented and evaluated the benefits of clinical triage through several triage pilot schemes previously, ensuring the patients have access to timely and appropriate advice and ensuring that only those patients who clinically require the input of GP are able to be seen. With demand at an all-time high and the additional issues from COVID-19, in-hours clinical TRIAGE may need to be capped within practices based on available capacity and this invariably can lead to additional contact with OOH services. It is proposed that increasing TRIAGE availability for the cluster at pivotal points over the winter will have added value for patients in increasing the access to primary care, reducing the number of OOH contacts, A&E attendances and/or urgent secondary care referral rates.

Scope

The service will cover the South Powys Cluster consisting of four practices covering a rural population of over 46,320 across,

- Brecon Medical Group Practice
- Ystradgynlais Group Practice
- Crickhowell Group Practice
- Haygarth Doctors

The aim of this pilot is to provide additional triage sessions across the cluster. Additional sessions would be centered on Christmas and New Year and additional clinical sessions on Mondays and Fridays up to 31st March 2022, with the availability to link in with the virtual ward and other community services. With additional capacity, patients will have increased access to clinical advice and treatment in-hours, with the aim to decrease the number of patients accessing OOH care.



Considerations

- Capacity of staff due to the current issues with self-isolation and low practice numbers may limit speed of contact across different practices
- Increased working for staff already under current pressures
- Ensure staff are educated to ensure the objectives of the pilot in relation to OOH

Method and Preparatory work

During January 2022, a number of preparatory measures took place across the cluster to discuss the scope and ability to provide additional capacity.

Additional preparatory work included.

- Identification of staff and practice capability to increase sessions
- Increased administration to support extra workload
- 2 x Cluster meetings
- Discussions around care planning and avoidance of OOH contact
- Adaptation of clinical IT templates in the practice systems for data capture (EMIS web)
- Creation of clinical IT system searches in the practice systems (EMIS web)
- Collation of data
- Production of evaluation report

Outcomes

From December 2021 to March 2022 the following additional Triage sessions were provided by practice.

Ystradgynlais Group Practice	30 sessions
Crickhowell Group Practice	38 sessions
Haygarth Doctors	33.5 sessions

Total No. of additional sessions cluster (4.10hrs per session)	103.5 sessions
Additional No. of Triage contacts made	1,689
Average No. of Triage patients per session	16.32



Of the 1,689 patients;

867 patients were given worsening advice and/ or care plans
195 patients were booked for Triage/clinical review
277 patients were provided with an RX
163 patients were signposted to routine GP practice/ health services
187 patients were referred to other services/Pharmacy/District Nurses/Dental/VW etc.

To evaluate the potential impact of increased Triage we looked at the number of Numbers of OOH contacts over the last 3 years;

Practice	Jan-Mar 2020	Jan-Mar 2021	Jan-Mar 2022
Ystradgynlais Group	580	499	568
Crickhowell Group	56	55	14
Haygarth Doctors	226	212	274
Total no. of OOH contacts	862	766	856

- Reduction of 6 patients (0.99%) since 2020 cluster wide
- Reduction in the Ystradgynlais and Crickhowell practices from 2020

We also looked at the number of patients recorded in the clinical systems as attending A&E over the last 3 years:

Practice	Jan-Mar 2020	Jan-Mar 2021	Jan-Mar 2022
Ystradgynlais Group	489	355	455
Crickhowell	275	208	299
Group	275	200	233



Haygarth	275	239	277
Doctors			
Total no. of	1,039	802	1,031
A&E			
attendance			

- Reduction of 8 patients compared to 2020
- Reduction in the Ystradgynlais practice from 2020
- Although 2021 figures are included, it is important to note this timeframe was during the pandemic, where figures for all attendance was significantly reduced

During the initial stages of the pilot a total of 1,689 extra triage appointments were provided on Monday and Friday, weekly across the cluster. Of these, 867 patients were given advice and a care plan for worsening of their condition over the weekend or postweekend. This has increased access and care for patients, who may be more likely to contact OOH services.

OOH Contact

In comparison to 2020, there has been a slight reduction in the number of OOH contacts but the figure has remained relatively static. Figures have reduced slightly in 2 practices. It is important to note that increases in annual demand will also have an impact and it would be of interest to evaluate the cluster figures against any local and national figures for comparison. It is important to note that 2021 figures will have been affected by the COVID-19 pandemic.

A&E Attendance

The cluster has seen an overall reduction in the number of A&E attendances from Jan-Mar 2020 to Jan-Mar 2022 of 8 patients. One practice (Ystradgynlais) has seen a reduction in numbers of 34 patients from 2020. It would also be of interest to evaluate the local and national figures.

Discussion and Considerations

The cluster has been able to introduce this service rapidly, having a number of staff trained in Triage, however, it has been limited in some areas due to the ongoing difficulties with COVID-19 staff absence in one practice. Staff were keen to support the pilot, and of interest, were far more likely to offer additional support if practices continue to support 'remote' triage sessions from home. It is hoped with the additional advice and care plans given to patients that a reduction in contacts will continue to be seen.



One area that has proven problematic is in identifying OOH reporting in some practice systems. This may be due to differential clinical coding utilised across the cluster. Where there are cross-border issues, discharge information is sent to the practice in paper form so a true reflection of the attendances in A&E is difficult to report until some time has passed.

It has also been noted that the additional sessions on a Monday have impacted in-hours the following day due to the increased workload generated from the additional capacity on a Monday. Triage capacity has been increased but additional clinical time for patient appointments has not. We will continue to monitor this during the pilot.

During the initial evaluation of the pilot, OOH and A& E figures have remained relatively static in comparison to 2020, with a small decrease, however, there were reductions in A&E attendance figures during month 2 of the pilot. Further evaluation and reporting will continue to monitor levels during the remainder of the pilot.

Practices carrying out the service were asked to complete feedback;

'I am happy to provide extra capacity now we have the option of doing so with homeworking. It wouldn't be feasible for me to travel in to do this work in the practice as I live so far away, so happy that I am able to offer additional support this way'

'I think it's excellent for the patients but it is compounding us a bit the following day when we don't have additional capacity'

'A Monday is really busy in this practice and often our lists are completely full by 9am, so having this extra access for patients is really good'

Future Plans

As we continue the pilot, the service will focus upon continuing to provide increased triage capacity for patients with the aim to decrease the requirement for contact with OOH and A&E services. Further reporting on A&E attendance and OOH contact will be undertaken in to assess the number of patients who have contacted OOH despite practice review and to evaluate any ongoing reduction in attendances. An extension of the pilot would allow for an increase in sessions to evaluate the evidence of decreased/static OOH and A&E contact over time.