

The background is a complex collage of semi-transparent images. At the center is a globe of the Earth. To the left, there's a computer monitor displaying a grid. Below the globe is a keyboard. To the right, there's a human skeleton. Above the globe, there's a heart rate monitor showing a yellow line. In the top left, there's a pill bottle with 'Rx' written on it. The overall color palette is muted, with browns, greys, and soft colors.

ACAPON
Appropriate Care At Point Of Need

Why?

- Care at the point of need
- Improved patient access
- Improved patient experience
- Removing barriers to care
- Appropriate care for appropriate patients
- Working in isolation
- Time dedicated to immediate need
- Improved job satisfaction

Access under the old model

- Making an appointment.
- Walking into the surgery.
- Collapsing in the street or at home.
- What is first point of contact and how appropriate?
- Problems with above lead to dialling 999

The Dream

- A fully integrated team.
- Responsive.
- Selective.
- Appropriate.
- Following appropriate patient pathways.
- Seamless with other agencies, bridge between primary and secondary care.
- Caring
- Improved patient experience

The Solution

- Senior clinician triage and shared supervised care.
- Paramedic assessment and emergency care.
- Practice nurse care and assessment.
- Health care assistants to all professionals.
- Full practice intranet message system.
- Fully integrated in house cross training.
- Robust clinical governance framework
- Agreed team clinical protocols

The new pathway

- Patient presents with immediate need
- Message put through via intranet to ACAPON team leader
- Telephone assessment
- Patient plugged into appropriate clinician
- Full assessment performed
- Full team discussion and patient pathway implementation

A Story

- Patient A – Acute anaphylaxis .
- Patient B – ‘Feeling tired for 5 weeks’
- Patient C – Elderly lady with acute congestive cardiac failure

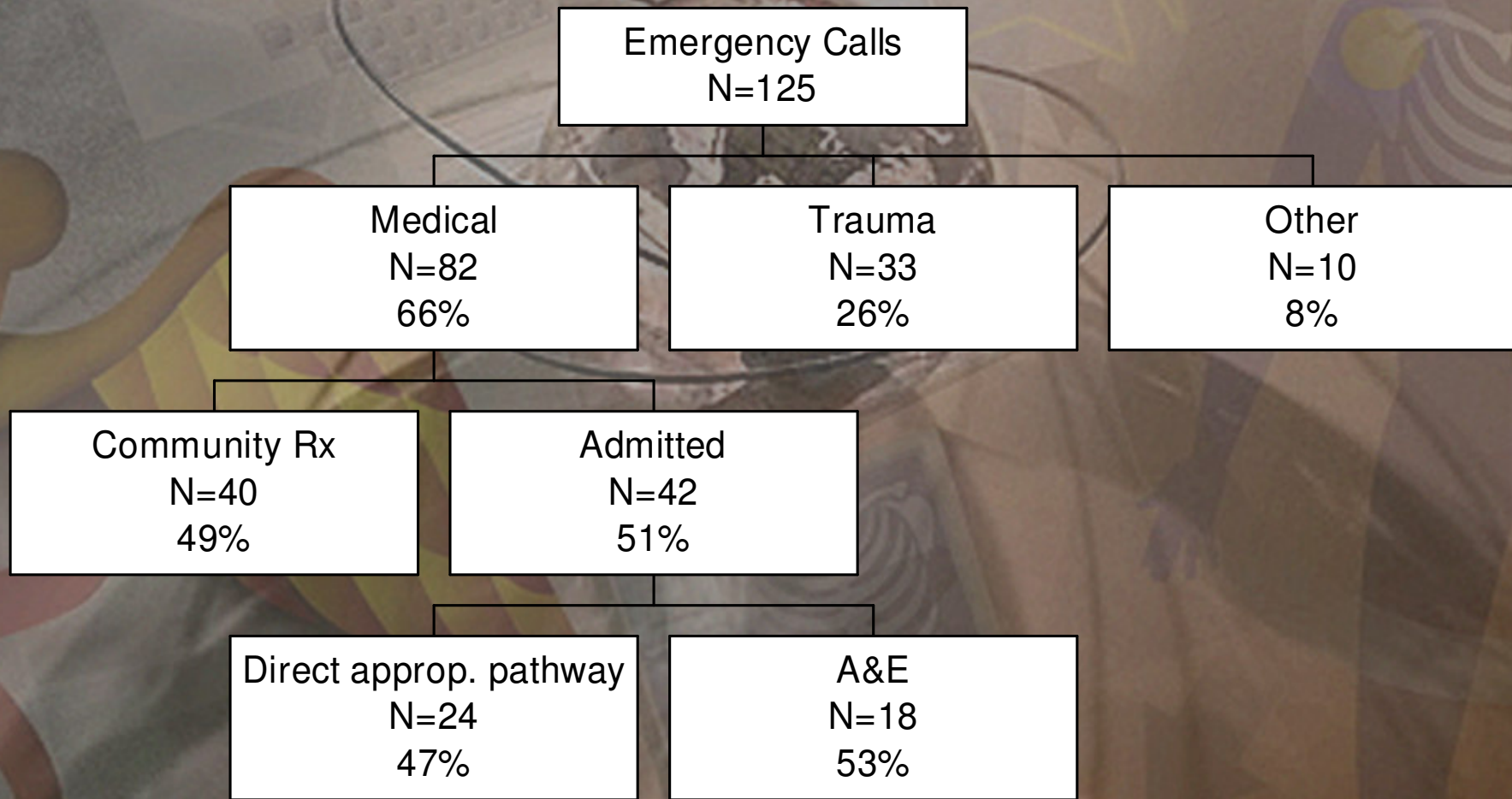
33 weeks of Pilot Data

- Better than expected.
- A number of lives already saved
- Time saved due to more appropriate working.
- Better patient pathways.
- Ambulances more appropriately used.
- Paramedics more fully utilised.
- Increased job satisfaction
- Improved patient experience.

Responsive

- Patients with immediate need receiving early assessment and work-up with dedicated clinician time.
- Assessment skills for urgent patients being taken into the community.
- ‘One stop shop’ in terms of patient investigation and treatment.
- Emergency patients being reached and treated sooner.
- Improved use of ambulances.

ACAPON data for 33 weeks



Ambulance Data

63 Back up Ambulances
dispatched
EMCC

56% Stood down from
'Red'

Stood down
completely
N=20
(31%)

Stood from
'red' to
'urgent'
N=16
(25%)

ACAPON Non Urgent Data

- 305 patients seen in surgery as ‘must be seen today’
- Only 11 patients admitted (2%)
- Only 5 went to MIU

Summary of Pilot Project

- More patients accessing appropriate care and assessment sooner
- Multi-disciplinary approach synergistic and successful
- More appropriate transfers and admissions to secondary care with reduced use of A+E
- Caring for staff and reduced stress

Summary of Pilot Project

- Continuous monitoring and modification through management infrastructure
- Breaking new ground on developing relationship between primary care and ambulance trust (EAAT)
- More cost effective working
- Excellent response from patients/users and the public
- Close working with UEA
- Published in the HSJ

ACAPON Cost Savings

- Without ACAPON 82 patients would have been transferred direct to A+E
- Average cost of paramedic unit journey (£263) + cost per A+E attendance (£75)
- Total ACAPON cost savings 33 week period in 10,500 patient practice = £13,500
- A further 14 patients would not have been transferred to A+E if ACAPON available in their practice = £4,732
- Total savings = £18,232 (£28,729/annum)

The Present!

- Now practice employs own ECP
- Change in patient expectation
- Excellent new links with Medical Assessment Unit at Norfolk and Norwich
- Paramedics now Emergency Care Practitioners
- GP's now GPwSI in Emergency and Unscheduled Care
- Now adopted by Anglian Medical Care as model for OOH provision. Recent changes due to costs

The Future?

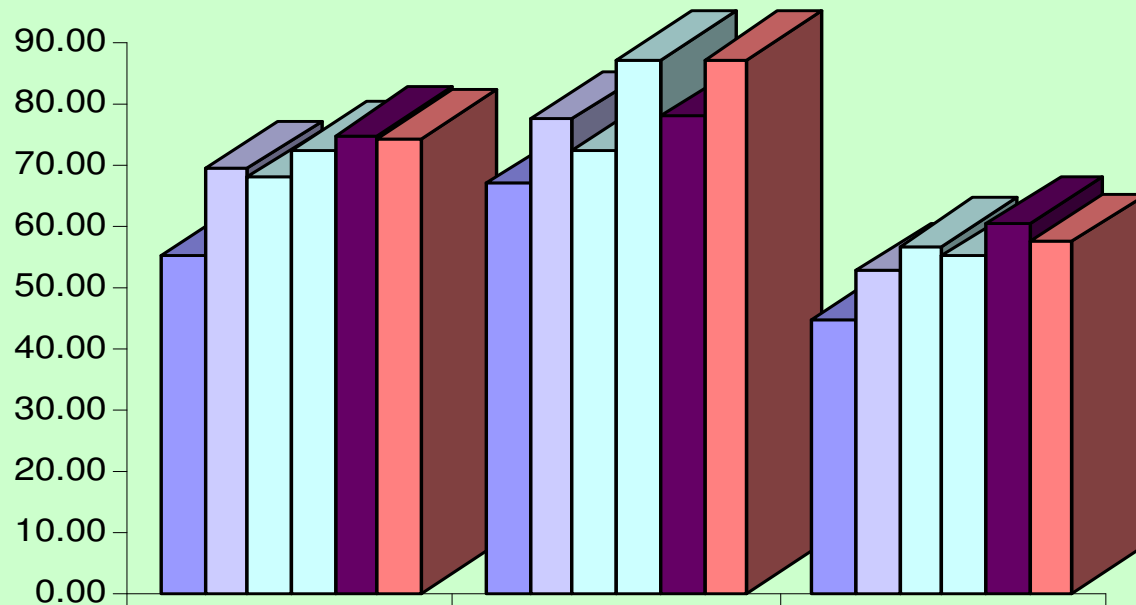
- Removal of surgery boundary for immediate care needs and formation of localities. Work through PBC
- Co-terminus functioning of ACAPON and OOH provision
- Enhanced minor injury function
- Improved diagnostics and near patient testing
- ? Purpose built multi-disciplinary ACAPON/OOH treatment centre for designated catchment area with direct links to MAU and A+E. One stop shop.

Retrospective Data

- Outcome data
 - 16% fewer hospital admissions compared to North Norfolk PCT
 - 11% fewer hospital admissions compared to whole of Norfolk

Reduced Admissions NNPCT

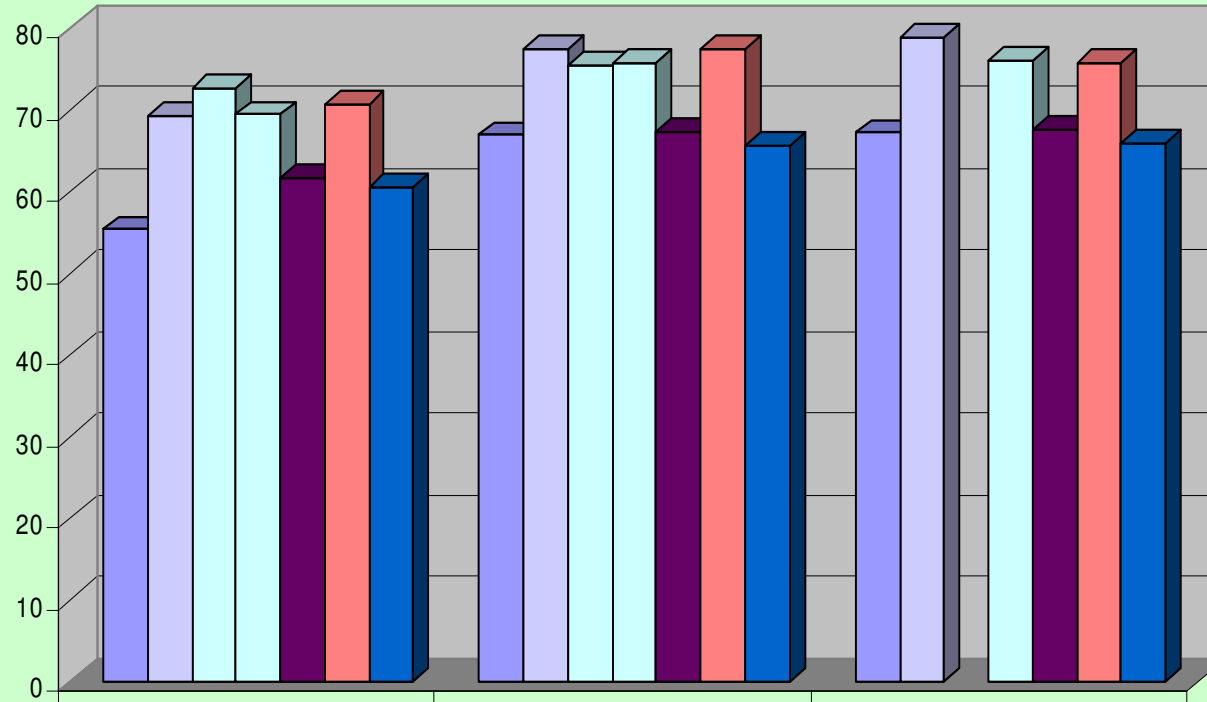
Emergency Admissions / 1000 Patients



	2002/03	2003/04	2004/05
■ Birchwood	55.34	66.89	44.76
■ NNPCT	69.38	77.38	52.63
■ Holt	67.86	72.50	56.71
■ Fakenham	72.47	87.27	54.93
■ Cromer	74.86	77.80	60.28
■ Sheringham	74.40	87.30	57.40

Reduced Admissions Norfolk

Emergency Admissions / 1000 Patients



	2002/03	2003/04	2004/05
■ Birchwood	55.34	66.89	67.14
■ North Norfolk	69.38	77.38	78.95
□ Gt Yarmouth	72.57	75.50	
□ Norwich	69.41	75.75	76.01
■ S. Norfolk	61.62	67.29	67.58
■ W. Norfolk	70.80	77.32	75.65
■ Broadland	60.47	65.73	65.82

PBC Savings?

- Cost savings
 - 1108 admissions saved per annum for NNPCT if used ACAPON = £2.216 million
 - 6460 admissions saved per annum for Norfolk if used ACAPON = £12.92 million

Problems?

- Sounds too good to be true?
- Ambulance trust no longer engaged
- Response times first priority
- Admission avoidance more important than appropriate admission
- Non conveyance problem with house visit request leading to duplication
- MUST work together
- Message for PCT leads. Support Integration