# Collaborating to Improve Digital Communication in BNSSG

NHS North Bristol NHS Trust

## The Catalyst:

- New Careflow EPR launching July 2022.
- Forms used in the Trust are being reviewed - not just to translate them to the new system, but to *transform* them.

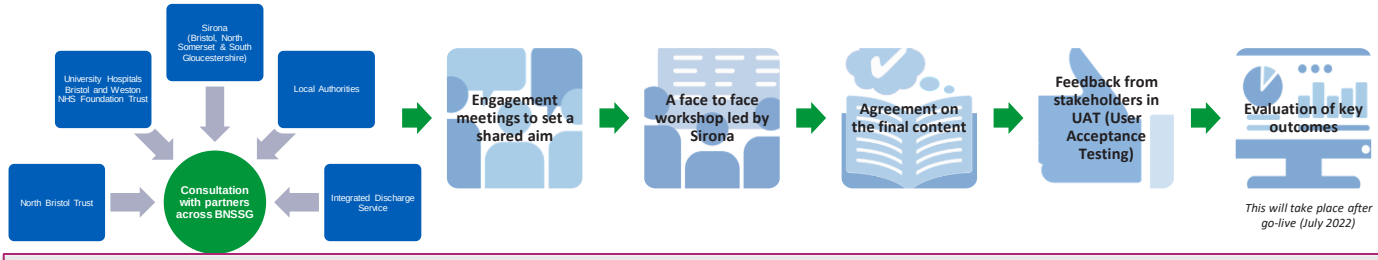
## The Need:

- The Single Referral Form (SRF) is used by acute clinicians to refer patients to community services such as rehab and care.
- NBT clinicians' feedback was that it was time-consuming.
- Feedback from our community partners was that it did not always capture the necessary evidence to determine a patient's discharge destination first time.
- Additional time is then spent chasing this information.
- The two Trusts within the region (NBT & UHBW) use different documents to refer to the same service, creating confusion for the screeners within the Integrated Care Bureaus.

## The Aims:

- A more efficient SRF for referrers and screeners
- An aligned single referral form for trusts across BNSSG
- Increased acceptance rate of SRFs first time around
- Better experience for patients – a swifter exit from hospital

## The Method:




*This will take place after go-live (July 2022)*

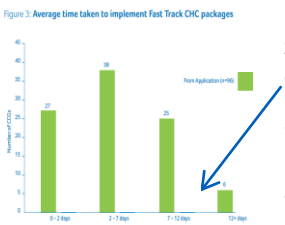
## Continuing Health Care Fast-track Referrals

We have collaborated with doctors at NBT who found that fast-track patients were spending extended time in hospital awaiting provision of care/appropriate discharge destination.

30% of fast-track patients died in hospital awaiting this provision during the period audited.

One contributing factor was felt to be the referral process, so we have used conditional logic in the forms to incorporate the necessary fast-track information into the SRF, to reduce duplication and to improve the process.

**Marie Curie Report, 2017[1]**




Recommended time is 48hours[2], achieved by the top 25% of CCGs

Southmead average 2019 = 9 days

7 days extra per patient, and 308 patients in 2019 = 2,156 additional bed days in 2019

At £400 per bed per day, this equates to £862,400 in 2019

<u>The aim is to use digital innovation to improve referral completion, and reduce the length of stay for patients spending the final days of their lives in hospital</u>

## Achievements so far:

- Collaboration with clinicians and managers from multiple partners across BNSSG
- Worked innovatively: "open to challenge, happy to compromise" and rigorously examined our existing form
- Enhanced relationships and openness between partners
- Inclusion of specific information to facilitate quicker fast-track discharges
- Positive feedback from end users in UAT
- The new SRF is shorter, smarter and more streamlined. In time, the same form will be used by NBT and UHBW

## Still to come...

Evaluation of outcome measures post go-live. Predictions include:

- **Reduced** clinician time spent completing the SRF
- Percentage of first time acceptance of SRF to **increase**
- Length of time between decision for CHC fast-track and discharge from hospital to **reduce**
- Clinician satisfaction to **improve**


**References:**

**1. Making every moment count: the state of Fast Track Continuing Healthcare in England 2017**
Accessed: https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/the_state_of_fast_track_continuing_healthcare.pdf

**2. National framework for NHS continuing healthcare and NHS-funded nursing care**, accessed: https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care



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