

COMMERCIAL AND IN CONFIDENCE: WAITLESS

1. Executive Summary

This paper has been prepared at the request of the Citizens Senate. It describes options for the adoption of an app for patients which helps them to access faster treatment and reduce pressure on exposed tier one A&E services, including **urgent treatment centres (UTC)** and **minor injury units (MIU)**.

It is nationally recognised that patients who are seen quickly achieve better clinical outcomes.

The paper for consideration by local STPs proposes the adoption of a nationally endorsed app that combines geo-location, routing and traffic and travel information with real time A&E and Urgent Treatment Centre waiting times. This gives patients a simple view of where they can be seen in the fastest time and helps avoid over-crowding in busy A&E departments.

The app would fully integrated with the regional 111 service, and support the general public and 111 call handlers to access the fastest and most appropriate service for urgent and emergency care.

2. National Context

The need for reform is set out by NHS England in the Five Year Forward View. Waitless was recognised by the National Innovation Accelerator programme and National Med Tech awards as a key delivery tool to support the delivery of 1st class Urgent & Emergency Care service fit for the 21st century.

The Five Year Forward view 'Next Steps' document recognises the array of different labels for urgent treatment centres over confuses the urgent care pathway, causing patients to choose A&E as the first port of call for conditions that could be managed elsewhere. Across the east of England, the majority of A&E attendances are from patients who choose to self present to A&E with minor conditions.

3. Case for Change and Benefits

WaitLess has recently been commissioned in Nene and Corby CCGs, East and North Hertfordshire, Herts Valleys and West Essex CCGs. Analysis of attendance patterns shows that peak self-presenting arrival times coincide with peak ambulance arrivals.

111 services do not currently have access to real-time 'wait' information in the east of England. 9% of all calls to 111 result in a referral to A&E (not through blue light services). The majority of these referrals occur during peak ambulance arrival times, which often puts pressure on clinical resources.

A&Es experience pressure when peak arrivals coincide with a lack of bed availability, leading to extended waiting times in A&E and in turn poses a risk to patient safety. Commonly, walk in centres are under utilised at the times when A&E activity is at its peak.

Waiting times are far lower in MIU and UTC settings, with most facilities never reporting a instance of a patient being in the A&E for over 4 hours and often being seen within the first 30 minutes of arrival.

MIU and UTC facilities are required under license to be open 12 hours a day, 7 days per week, have advanced life support trained staff, adult and paediatric resuscitation services and have co-located X-ray services.

It is also approximately £20 per episode cheaper for patients with minor conditions when market forces factors are applied. The minimum tariff in A&E is £83. The maximum tariff in MIU is £63.

4. WaitLess Evidence Base

- Patients will benefit from being able to choose facilities closer to home with the shortest wait to see a clinician.
- Academically proven to reduce Emergency attendances at peak times. Independently produced by Encompass MCP shows a reduction minor attendances at A&E by 11%. This was externally evaluated by the University of Greenwich and Behavioural Insights Team’s data science team.
- Modelling with undertaken through Academic Health Science Networks linked to local SUS data shows that CCGs will benefit from an average saving of £165K per CCG per year.
- Waitless can be deployed in 4-12 weeks depending on local buy in and technological configuration.

5. Proposal

To provide WaitLess across the local region, helping to reduce avoidable journeys during peak activity times and A&E attendances before winter 2018.

Reducing pressure on the main ED’s at peak times will enable FY2s and ENPs to provide more support to majors and reduce overall waiting times for urgent and emergency care across the region.

6. Cost

| Installation | License | Total | Financial Saving Per CCG |
|-----------------------------|--------------------------------|---------|--------------------------|
| One off payment: £15,000 | Annual License Cost £25,000 | £40,000 | £165,000 |

7. Proposed Next Steps

Transforming Systems would like to demonstrate WaitLess to commissioners and the local A&E delivery board.

8. Further Information

For more information, please contact:

Alistair Martin, Chief Commercial Officer

Tel: 07887 716759; Email: alistair@transformingsystems.com