The Role of Ambulatory Care in Reducing the Burden on Specialty Outpatients

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1. BACKGROUND
Ambulatory Emergency Care (AEC) has a major impact upon hospital avoidance and emergency department performance by providing same day emergency medical care.

We aim to demonstrate how AEC makes a beneficial impact upon specialty outpatients;

1. By reducing waiting times and
2. By providing a cost saving.

AEC achieves this directly by managing patients solely in AEC (thereby avoiding an Outpatient Appointment (OPA)) and indirectly by streamlining these patients to specialty OPA having had their initial work up performed in AEC.

2. DATA COLLECTION
Data was collected over a six month period on AEC (Basingstoke and North Hampshire Hospital) between January and June 2017. For each patient seen, we noted:

- The specifics of their condition
- If previous presentations were directly referred to OPA
- Investigations and treatment administered
- Details of any specialists that they were referred to

We then went on to consider if an appointment in AEC saved a consultation in a specialist clinic.

3. RESULTS
815 patients were seen and in 12% (95) of cases, an OPA consultation was saved. Of these, 72% were in gastroenterology, cardiology and neurology.

### Table 1: Effects on waiting times pre- and post-ACU

<table>
<thead>
<tr>
<th>Specialty</th>
<th>PRE ACU 2015 (wks)</th>
<th>POST ACU 2017 (wks)</th>
<th>Δ waiting times (wks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastro</td>
<td>6.81</td>
<td>6.00</td>
<td>0.81 SHORTER</td>
</tr>
<tr>
<td>Cardio</td>
<td>8.07</td>
<td>6.81</td>
<td>1.26 SHORTER</td>
</tr>
<tr>
<td>Neuro</td>
<td>9.56</td>
<td>9.57</td>
<td>0.01 LONGER</td>
</tr>
</tbody>
</table>

These saved consultations carry a saving in costs. Each clinic consultation carries a tariff and across these three specialties, a total saving of £12,834 was achieved.

### Table 2: Financial impact ACU has on OPA

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Consultations saved</th>
<th>Cost per consultation (£)</th>
<th>Total Predicted Savings (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastro</td>
<td>30</td>
<td>188</td>
<td>5,640</td>
</tr>
<tr>
<td>Cardio</td>
<td>22</td>
<td>157 (national tariff +/- 10%)</td>
<td>3,454</td>
</tr>
<tr>
<td>Neuro</td>
<td>17</td>
<td>220</td>
<td>3,740</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>£12,834</strong></td>
</tr>
</tbody>
</table>

4. CONCLUSION
Direct Impact – In 1 in 8 cases, a specialty OPA was spared. Patients that were once referred directly to specialties are now seen in AEC, reducing the volume of specialty referrals, and impacting favourably on waiting times.

Indirect Impact – AEC streamlines the process of the initial assessment, diagnostics, and treatment of specialty patients, thereby saving time and providing efficiency prior to their consultation in OPA, with subsequent reduction in the number of outpatient consultations required.

AEC, and its close working relationships with key stakeholders within the hospital, allows a MDT approach to manage patients effectively and efficiently on a same day basis, not only in emergency care, but now also in secondary care.

From this experience we have developed further collaborative pathways with secondary care specialists providing an in reach into AEC. We will continue to share our findings both locally and regionally in the hope AEC will continue to grow and provide further benefits to both patient experience and hospital budgets.

AEC impacts the outpatient department – directly and indirectly.

Impact seen within Cardiology, Gastroenterology and Neurology.

Cost saving to the outpatient department of over £12,000 over a 6 month period.