



England

ED Acuity Programme

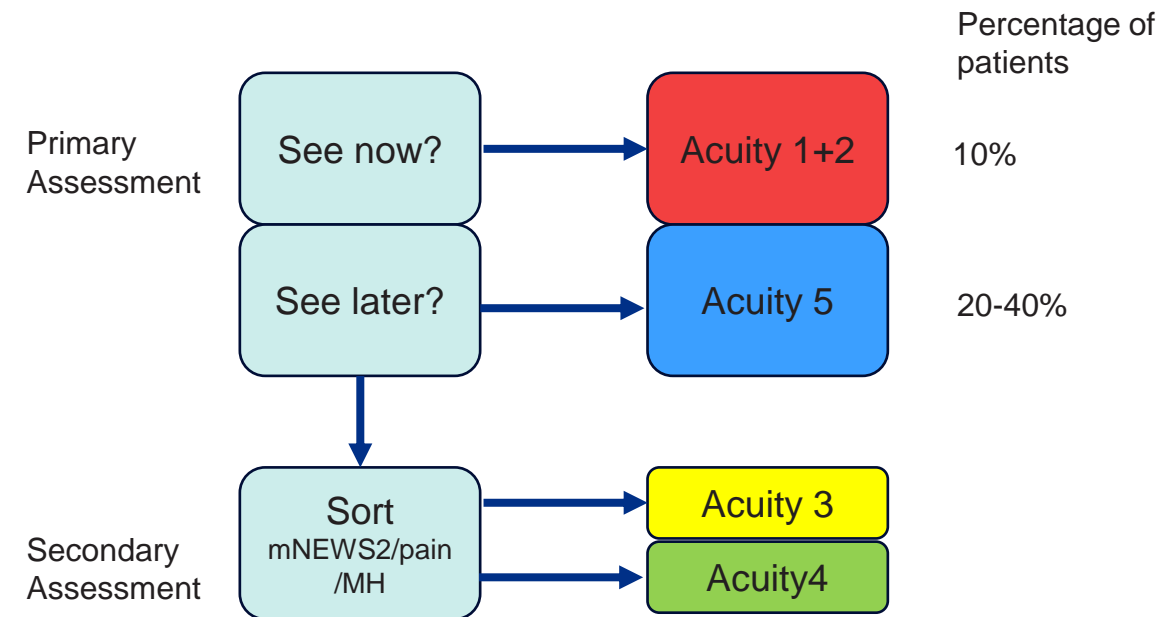
Summary of events



Why are we running the acuity and initial assessment pilot?

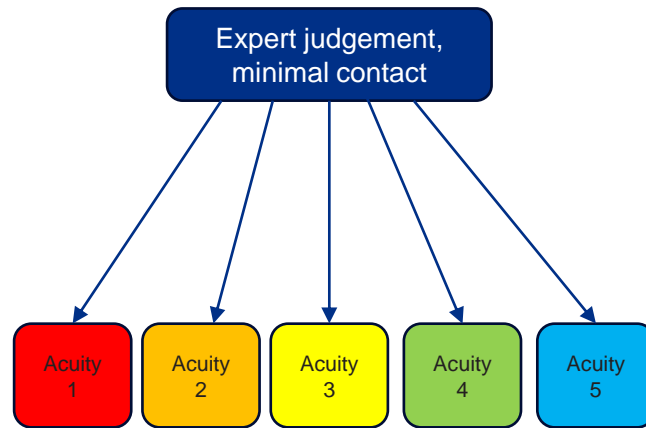
- Acuity = measure used to determine how urgently a patient should be managed.
- In 2022, national acuity data showed a high degree of unwarranted variation.
- Scoping review confirmed most sites did not use a systematic version of initial assessment.
- Academic review: no model had high level evidence of better outcomes.

NHS England model for Initial Assessment



There are currently three commonly used models of streaming and triage

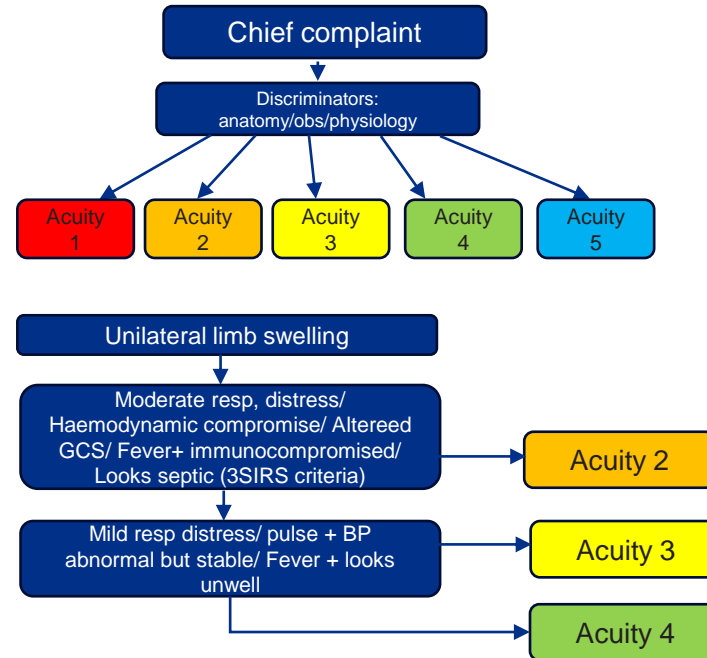
Model 1: Expert practitioner



E.g. Australian

- Expert judgement backed by guidelines
- Mental health integrated
- Depends on sufficient experts
- Quick, single stage
- Not computer dependent
- No IP issues

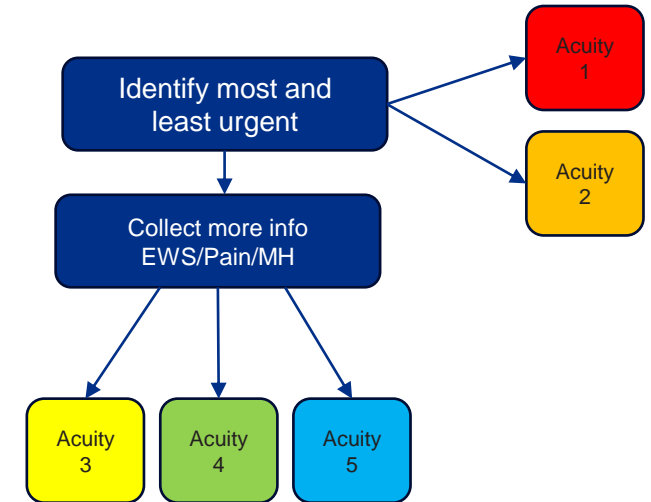
Model 2: Algorithm



E.g. Manchester, Canadian

- Chief complaint defines pathway
- Discriminators decide acuity
- Time consuming
- Two stages
- Requires IT integration
- Potential IP issues

Model 3: Hybrid

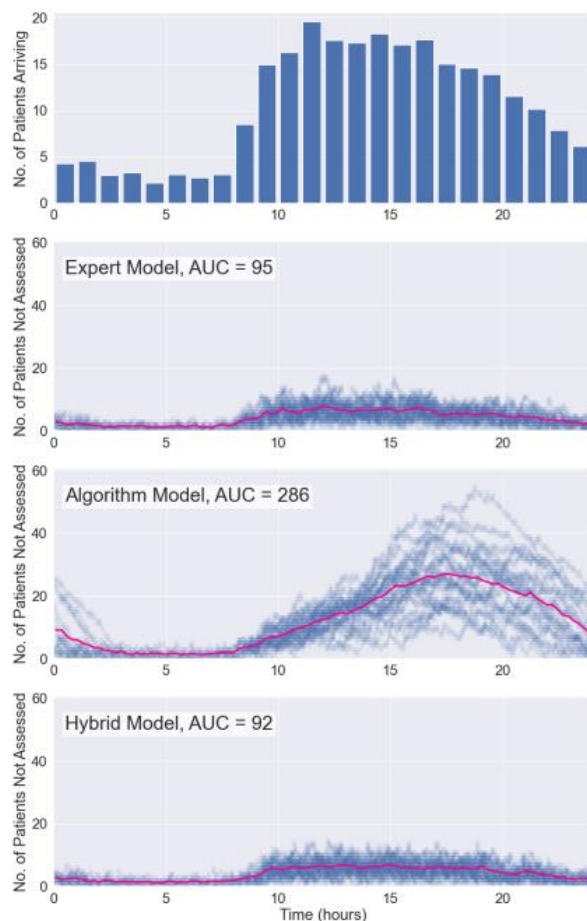


E.g. ESI/South African

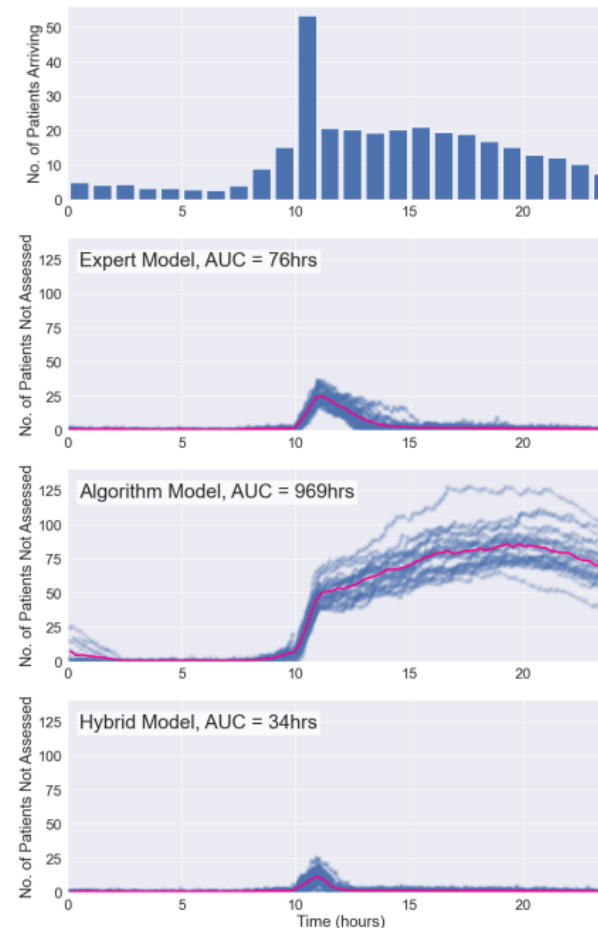
- Identify high/low acuity
- 'see next'/'see elsewhere'
- Use NEWS2/pain to stratify
- Two stages
- First stage quick
- NEWS2 already integrated
- No IP issues

Resilience of each model to a surge of patients

“Normal” day
in the ED



Resilience to
a surge of
patients

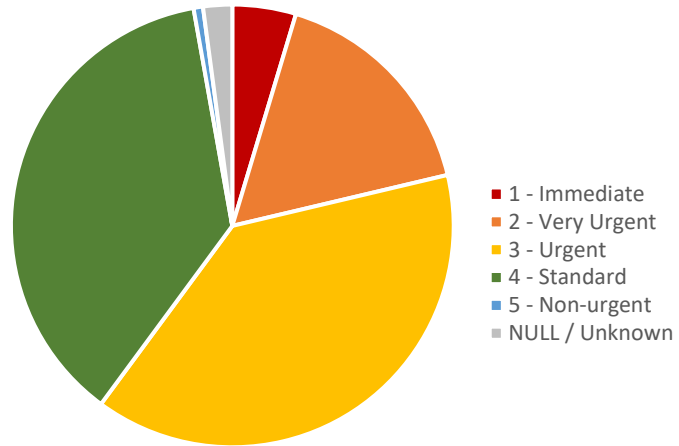


Area under the curve (AUC) = the volume of patients waiting for assessment at that time

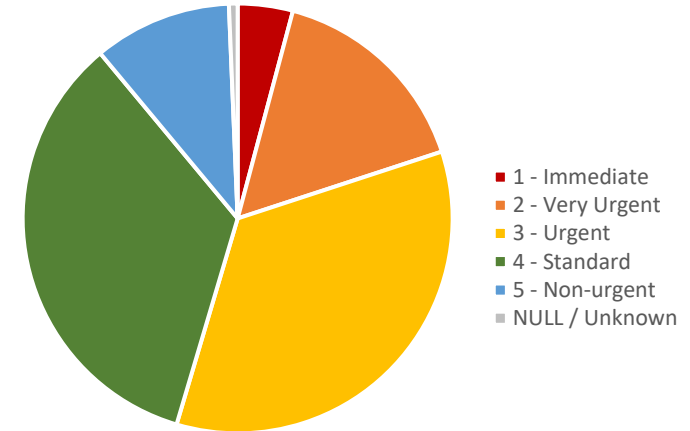
Demonstration of data



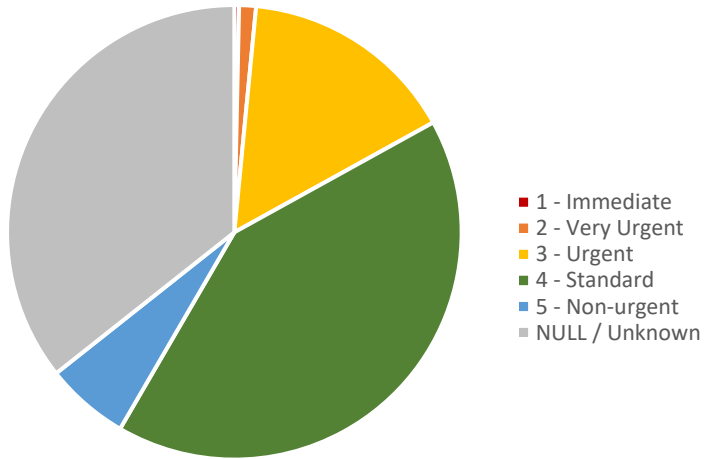
**Pilot hospital A before
implementation of
Initial Assessment
model**



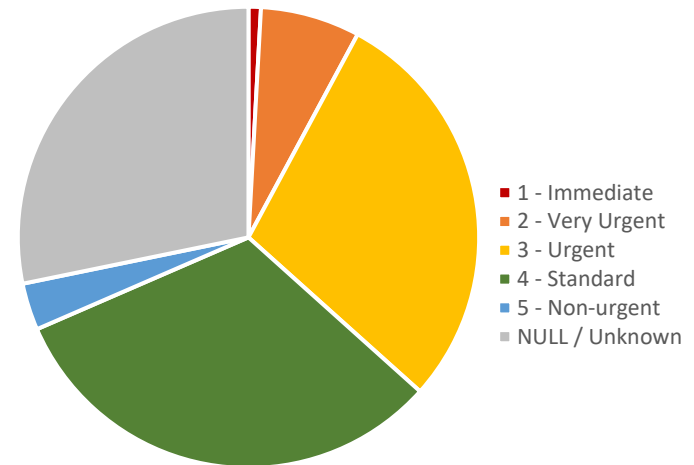
**Pilot hospital A after
implementation of
Initial Assessment
model**



**Pilot hospital B before
implementation of
Initial Assessment
model**



**Pilot hospital B after
implementation of
Initial Assessment
model**





There are a number of sites taking part in the Initial Assessment pilot

- ☐ Addenbrooke's Hospital
- ☐ Leicester General Hospital
- ☐ Shrewsbury Hospital
- ☐ Telford Hospital (Princess Royal)
- ☐ Queen Elizabeth Hospital Kings Lynn
- ☐ Musgrove Park Hospital Taunton
- ☐ Royal Bolton Hospital
- ☐ Southampton General Hospital
- ☐ Worthing Hospital
- ☐ East Lancashire – Burnley Hospital
- ☐ East Lancashire – Royal Blackburn Hospital
- ☐ East Surrey Hospital
- ☐ Blackpool Teaching Hospital
- ☐ Basingstoke and North Hampshire
- ☐ Royal Hampshire County Hospital
- ☐ Royal Cornwall Hospital
- ☐ Alder Hey Children's Hospital
- ☐ Derbyshire Ripley UTC

What work has already taken place and what happens next?



Key information for implementation



Sites must work out how to implement the model against their current process and IT system.



The **clinical guidance** and **clinical framework for IA** should be used to inform changes to front door processes. A supportive document addressing concerns raised throughout the pilot will be aligned to the clinical guidance.



Staffing and estates may need to be considered. The **building guidelines** should be used in tandem with the initial assessment guidance.



Funding of £10k per site is available to pilot sites to help implement the model.



Expected outcomes and what happens next?

- Project aim = standardise the measurement of acuity across Type 1 and Type 3 emergency departments (EDs)
- Pilot until December 2023, followed by consultation and review of evidence until April 2024. If evidence proves that a standardised acuity approach is beneficial, work to roll out the model nationally will begin.
- A clinical competency framework for initial assessment was developed in collaboration with FEN as part of the wider project.
- Early adopters (sites who implemented the model before Dec 2023) will be supported by the national team to be local leaders that other providers can learn from.