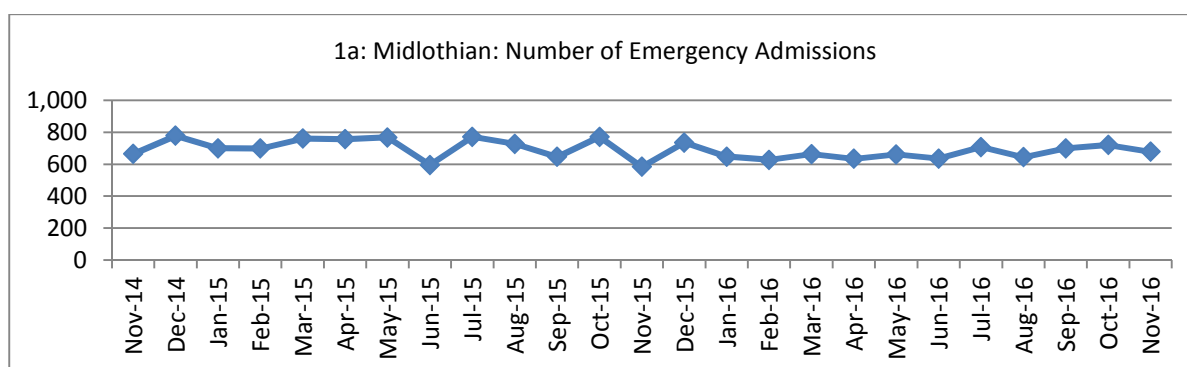


1. Unscheduled Admissions

1. Unscheduled Admissions (all adults admitted in to an acute hospital for an unplanned emergency admission)	Median performance reduced by 5% by September 2018 and demonstrated by control chart	Reduce emergency admissions by 5% by September 2018
Actions at IJB Level: <ol style="list-style-type: none"> 1. Reduce A&E attendances and admissions from Care Homes 2. Reduce out-of-hours admissions from LUCS through development of Out-of-hours services as per Ritchie 3. Reduce preventable admissions specifically for patients with COPD and Type 2 Diabetes 4. Reduce admissions relating to falls 5. Reduce admissions relating to frailty through improved anticipatory care supported by the efrailty project 6. Maximise capacity of the Hospital at Home service by 50% 		

What this means for Midlothian?

There were 695 admissions per month on average per month in the last two years. A 5% reduction in this requires 35 fewer admissions per month.



Has this been achieved in the past?

There were five months in the last two years where the goal-level was attained (Jun 15, Sep 15, Nov 15, Feb 16, Jun 16).

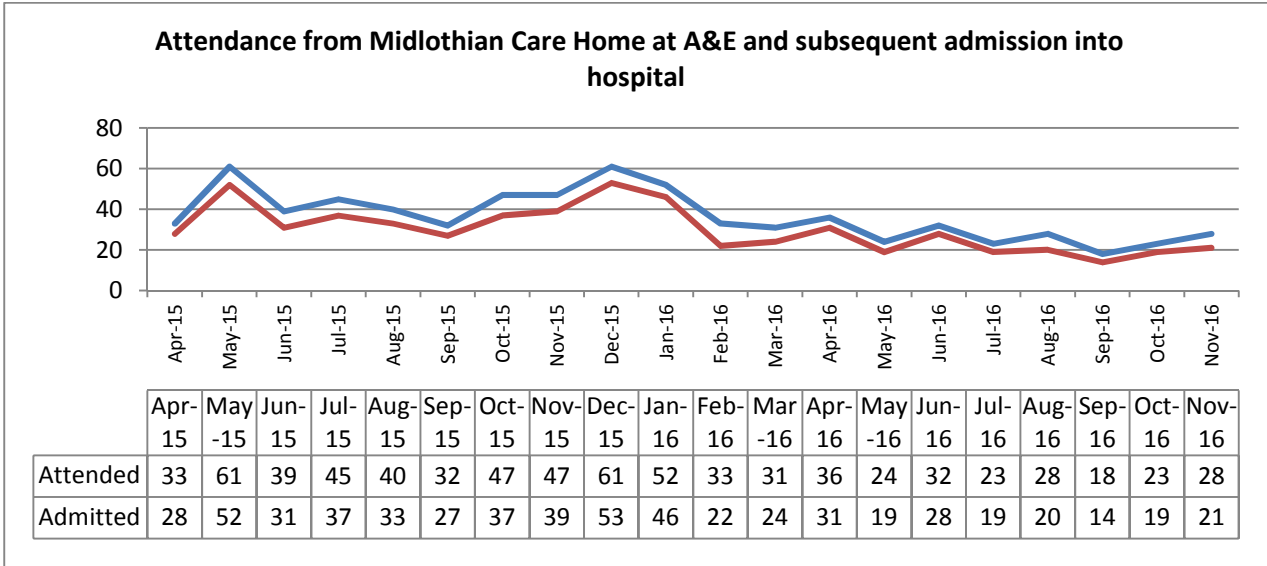
How achievable is this goal?

The population in Midlothian is increasing with the new house building so the potential number of admissions could be higher because there is larger population. However admissions are more likely from patients who are older and/or have multiple long term condition and this group is also increasing in number. Without action it should be expected that admissions will increase.

There are some identified patient groups where action is expected to reduce the number of hospital admissions:

Reduce A&E attendances and admissions from care homes.

The current data on A&E attendances and subsequent admission from a care home in Midlothian shows that on average there were 30 admissions per month from April 15 to Nov 16 (a similar time period to the benchmarking data provided by Scottish Government). There should be opportunity to reduce this by 5-10 admissions per month on average because some of the admissions could have been avoided if there was alternative support for the patient.



Potentially Preventable Admissions

ISD Scotland provides detail on the number of potentially preventable admissions. In Midlothian for April 15 to March 16 there were 1682 admissions (source: DISCOVERY) which is on average 140 admissions each month. This is based on 19 ambulatory-care sensitive conditions that include asthma, diabetes complications and COPD.

A 20% reduction on PPA from Midlothian would reduce monthly admissions by 28.

Reducing admissions due to falls

ISD Scotland provides detail on the number of admissions due to a fall. In Midlothian the average number of admissions per annum due to a fall was 531 (between 2013 and 2015) . This is an average of 44 admissions per month.

A 20% reduction in admissions due to a fall would reduce monthly admissions by 8 patients

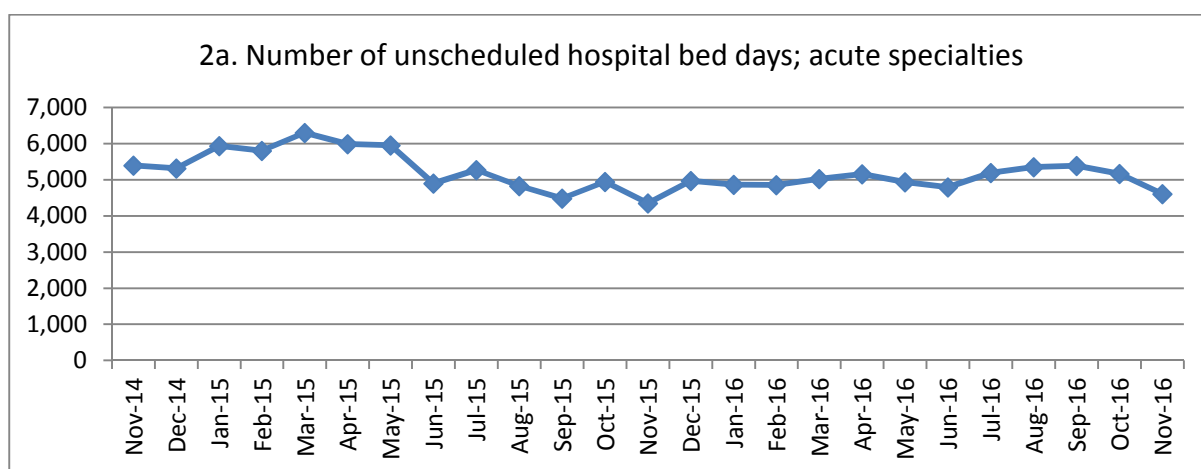
2. Occupied Unscheduled Care Bed Days

2. Occupied Bed Days Unscheduled Care (adults)	Median performance is reduced by 10% and demonstrated by control chart	Reduce OBD for adults for unscheduled care by 15% by April 2019
Actions at IJB Level: <ol style="list-style-type: none"> 1. Achieve a 5% reduction in emergency admissions as per objective 1 2. No delayed discharge in an acute hospital bed 3. Reduce the LOS for patients on an acute site through actions including locality-based admission policy for frail older patients and development of community services and facilities at Highbank and MLCH 		

What this means for Midlothian?

There were 5,192 unscheduled occupied bed days on average per month over the last two years for Midlothian patients. This equates to 170 beds occupied per day by Midlothian patients.

A 15% reduction means there will be on average 770 fewer occupied bed days per month or 25 fewer occupied beds each day. It is a goal that is more ambitious than the Scottish Government's target of a 10% reduction across Scotland



Has this been achieved in the past?

No. Midlothian performance has not achieved the potential goal in any month in the last two years.

How achievable is this goal?

It is an ambitious goal for the IJB but a reduction is required if activity and resource are to transfer from hospital to community. Specific actions identified may reduce the daily occupied beds by 14.

There are some identified patient groups where action is expected to reduce the number of occupied bed days.

Actions that reduce unscheduled admissions

All actions described in the previous section will reduce the number of occupied bed days but some are difficult to quantify because information on OBD is not available at present (e.g. occupied bed days as a result of an admission from a care home – although this will be provided by the LIST team).

Potentially Preventable Occupied Bed Days

ISD Scotland provides detail on the number of potentially preventable occupied bed days. In Midlothian for April 15 to March 16 13,800 OBD (source: DISCOVERY) which is on average 1150 OBD each month. This is based on 19 ambulatory-care sensitive conditions that include asthma, diabetes complications and COPD.

A 20% on PPA from Midlothian may reduce monthly OBD by 230 OBD or 7 beds.

Delayed Discharge & expanding the Hospital at Home Service

A combination of expanding the capacity of the MERRIT hospital at home service and limiting delays in an acute hospital to under 72 hours is estimated will reduce OBD by 230 beds per month or 7 beds.

3. Accident and Emergency Performance

3a. Accident and Emergency Performance	Median performance is increased by 5% and demonstrated by control chart	Increase performance in the 4 hour target to 87% for patients who are subsequently admitted into hospital by April 2018
<i>To improve performance against the 4 hour target for patients subsequently admitted into hospital. Current average performance for this cohort is 82% treated within 4 hours.</i>		
Actions at IJB Level: <ol style="list-style-type: none"> Achieve a 5% reduction in emergency admissions as per objective 1 Make progress towards achieving the 10% reduction in OBD as per objective 2 Increase access to General Practice through the Midlothian General Practice Strategic Programme to reduce inappropriate use of A&E Develop a process between RIE A&E and General Practices in Midlothian to redirect patients at the A&E front door whose condition can be treated within General Practice Develop media and social media campaign to change behaviour in population Reduce inappropriate A&E attendances by patients with care homes Joint work between MELDAP and the RIE Alcohol Liaison Service to reduce inappropriate use on A&E by patients with problematic substance use Better use of Anticipatory Care Planning 		
3b. Accident and Emergency Performance	Median activity is maintained and demonstrated by control chart	Maintain current number of patients using A&E
A&E activity by Midlothian patients is increasing and there have been significantly significant increases in the median monthly patient number using A&E.		
Actions at IJB Level: <ol style="list-style-type: none"> Actions as per objective 3a 		

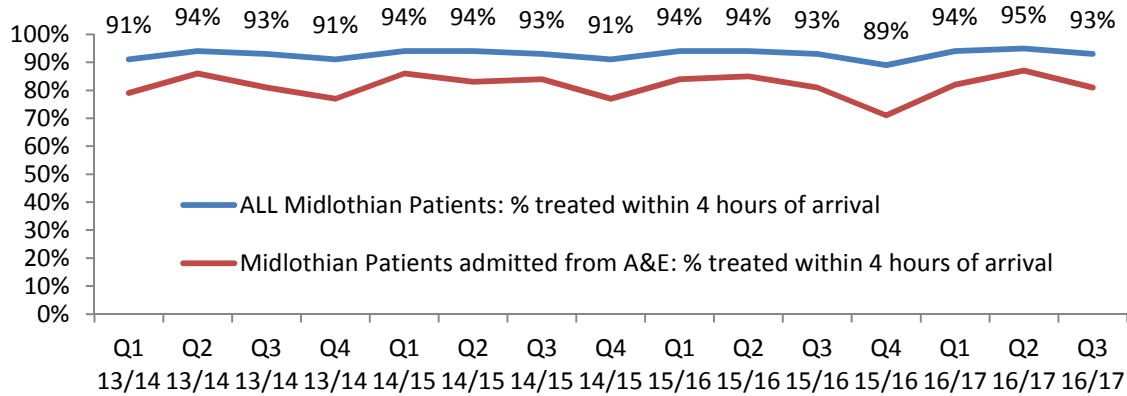
What this means for Midlothian?

There is an established HEAT target that 95% of patients are treated by A&E within 4 hours of arrival. This is not routinely achieved in Lothian. The following graph shows the performance for Midlothian patients each quarter since April 2013.

What is suggested though is that instead of focussing on the A&E performance for all patients the IJB instead focuses on the performance for those patients who were subsequently admitted from A&E. The average performance against the 4 hour target for all patients since April 2013 was 93%. The average performance of those who were subsequently admitted into hospital was 82%. The overall performance masks a lower performance for patients who need to use A&E services.

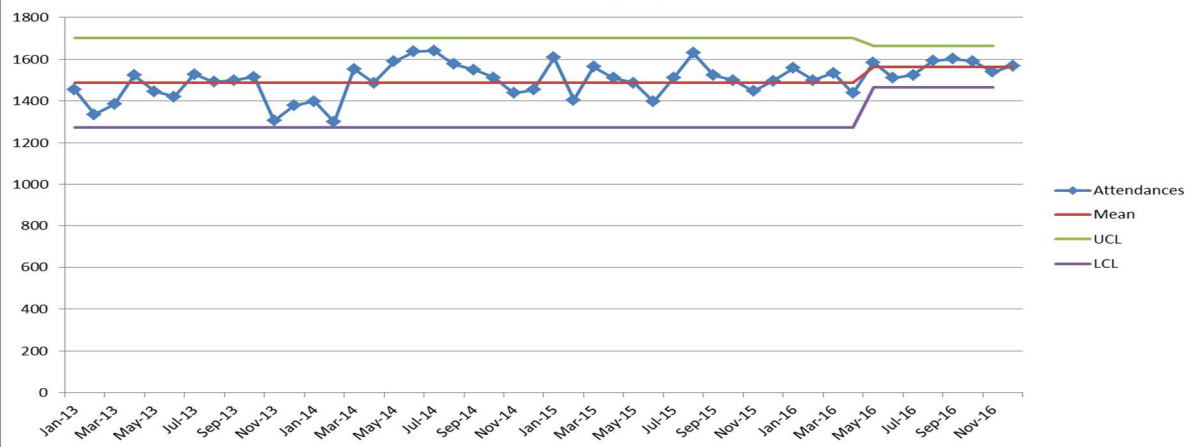
The rationale for focusing on patients who were subsequently admitted as a performance indicator is because there is an issue of people choosing to use A&E instead of accessing their GP.

Midlothian: % treated within 4 hours of arrival at A&E

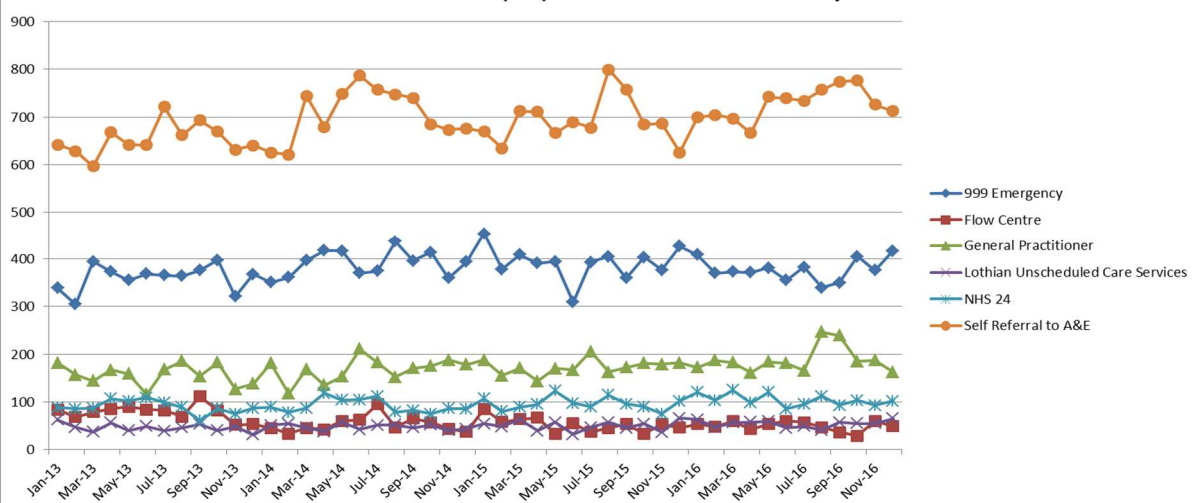


Source: Discovery

Number of Attendances at A&E (RIE) for Midlothian Residents



Number of Attendances at A&E (RIE) for Midlothian Residents by Source of Referral



Has this been achieved in the past?

How achievable is this goal?

4. Delayed Discharge Bed Days (all ages including mental health and code 9s)	September 2017	Reduce by 11%* the delayed discharge bed days per month by September 2017 and have no patients in the RIE or the WGH with a delayed discharge of over 72 hours Reduce the delayed discharge beds by 30% (deadline TBD)*
*compared to average performance from Nov 14 to Dec 16		
Actions at IJB Level: <ol style="list-style-type: none"> 1. Develop responsiveness of community services including MLCH and Highbank 		

5. End of Life Care – proportion of time in large hospital in last 6 months of life	TBD	Reduce by 10% in the RIE and WGH the number of occupied bed days in the last six months of life
The data provided by Scottish Government is derived from the old method of identifying bed days using SMR01. This method excludes activity on sites including Liberton and Midlothian Community Hospitals. The new method uses data from SMR01, SMR04 and GLS. This increases the number of bed days recorded by around 100%. Using this data a potential objective to use is to focus on reducing on acute sites the number of bed days in the last six months of life.		
Actions at IJB Level: <ol style="list-style-type: none"> 1. Reduce admissions from care homes 2. Further actions to be identified 		

6. Balance of Care	TBD	Reduce the % of patients aged 75+ who are in a large hospital from 1.7% to 1.5% (the Average in Scotland) by TBD
Further work required to identify the reduction of bed days required to achieve this change		
Actions at IJB Level: <ol style="list-style-type: none"> 1. Actions as per objective 1 2. Actions as per objective 2 3. Actions as per Objective 5 		