

# How to get the best of benchmarking guide

## Acute Therapies – AHPs in Emergency Care

*How to get the best of benchmarking guides show how data from NHS Benchmarking Network projects can help identify service improvement opportunities and track transformation.*

*Each guide highlights how Network members are tackling key Long Term Plan transformation priorities and using evidence from NHSBN projects to demonstrate the positive impact of these initiatives on service delivery.*

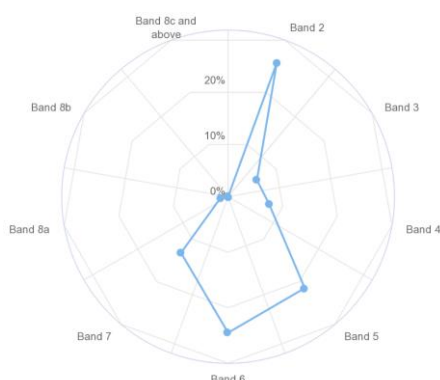
### Supporting patient flow

Allied Health Professionals (AHPs) are the third largest clinical workforce in the NHS. Made up of 14 professions, their practice is integral to most clinical pathways. AHPs are recognised as working across organisational boundaries to support patients' independence. [Allied Health Professions into Action campaign \(2016/17 – 2020/21\)](#) has encouraged AHPs to integrate into alternative environments, such as general practice and emergency services, to address demand (Impact 2).

NHS Improvement outline the need for AHPs in emergency departments in [AHPs supporting patient flow](#). The growing number of patients that attend emergency departments, coupled with the increasing complexity of conditions, has meant that patient flow planning is increasingly multifaceted. The range of skills demonstrated by AHPs are well suited to supporting ED teams to manage their increasingly complex case mix, in addition to building a broader workforce to increase resilience. There are multiple benefits of integrated teams, including; reduced sickness/absence rates, integrated working for shared knowledge, and reduced length of stay (LoS).



AHPs – Assessment Units (skill mix)



AHP availability and posting in the emergency care pathway can contribute to faster diagnostics, reduce unnecessary admissions, and reduce waiting times. AHPs into Action states these interventions “can significantly reduce unnecessary admissions to hospital and diminish dependency on care services, resulting in significant cost savings.” A vital step to ensuring “affordable and sustainable services in the future.”

The [Society for Acute Medicine](#) outlines some of the most common roles provided by AHPs on the Acute Medical Unit; including Dietetics intervening when patients suffer nutritional or feeding problems, and Speech & Language Therapy intervening to support speech or swallow problems following a stroke.

As detailed above, early intervention “ensures a focus on restoring function and supporting independence, enabling timely discharge, avoidable admission or shortened length of stay.”

NHS Benchmarking Network have brought together a selection of short case studies to demonstrate how Trusts have embedded Allied Health Professionals in the Acute Medical Unit (Surrey & Sussex Healthcare NHS Trust) and Short Stay Unit (Mid Cheshire Hospitals NHS Foundation Trust), to support patient flow along the whole emergency care pathway.



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## Acute Therapies – AHPs in Emergency Care

### Case study 1 – Surrey and Sussex Healthcare NHS Trust Developing an embedded AHP presence in the ED

Surrey and Sussex Healthcare NHS Trust, a cross-border Trust, initiated an AHP presence at the front door of their Emergency department in 2014, following research which proved that the concept was beneficial for patients and the workforce. Originally allocating one Occupational Therapist and one Physiotherapist in the Emergency Department, it was quickly recognised that the success of interdisciplinary teams and inclusion of Therapists at the front door was conducive to a swifter response time. As a result, the AHP workforce has been increased, now consisting of a team of 7 WTE with a range of bands.

#### What are the challenges?

Surrey and Sussex Healthcare NHS Trust straddles two counties, which introduces challenges with regard to discharge pathways. There are over 30 community teams available, so clear pathways are vital. Additionally, the Trust is located close to Gatwick airport. It is not uncommon for patients to have experienced long flights prior to their emergency attendance, which can present a greater complexity of care required. The support provided by the integrated therapy team from emergency attendance to discharge has become invaluable, in order to deliver seamless care, and communicate effectively at each stage in the patient’s pathway.

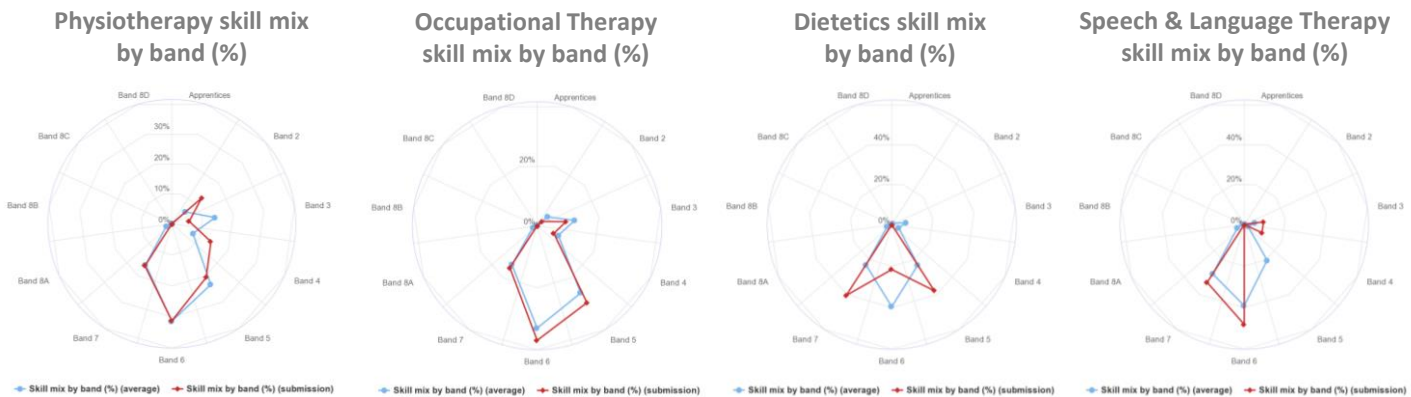
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**Did you know**  
We collect therapy metrics in our Community Services project too.

#### The process

A therapist joins the Rapid Assessment Team of nurses and medics based at the front door to receive patients from the ambulance crews. Triage information is taken from the paramedics to enable the team to quickly determine the patient’s needs on discharge. In addition, the team proactively monitor patients attending ED via the waiting room. The joint therapy assessment is a holistic therapy document covering mobility and environmental checks, ensuring that the Occupational Therapist and Physiotherapist are not duplicating effort and creating unnecessary delays. This integrated process supports a one team approach.

#### Evidencing the benefits of a rich skill mix



A richer skill mix can improve quality of care and a patients’ journey. [NICE Safe Staffing Guideline Consultation](#) outlines that a greater skill mix has associations with more positive patient outcomes. The radar charts above demonstrate the skill mix banding of the inpatient therapy team in the 2019 Acute Therapies benchmarking data collection, where the blue line is the national average, and the red line is the Surrey & Sussex NHS Foundation Trust submission. There is a mix of banding and strong evidence of greater levels of registered staff than the national mean. The richer skill mix supports an optimised triage process with a positive impact on the four-hour ED wait target (as illustrated on page 3).

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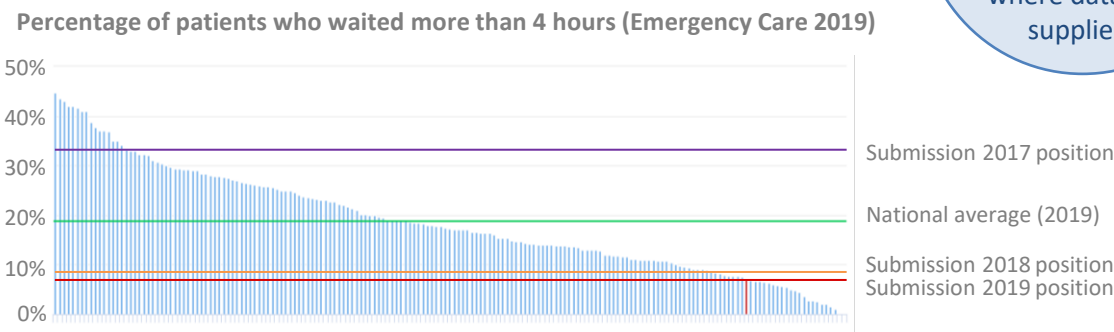
## Acute Therapies – AHPs in Emergency Care

### Case study 1 - Surrey and Sussex Healthcare NHS Trust Developing an embedded AHP presence in the ED

#### Delivering on national targets

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**Did you know**  
Your organisation's position is highlighted in the [online toolkit](#), where data was supplied.



Recently, the Trust have introduced a new triage process to support achievement of the four-hour ED wait target. Only by appropriate triage through the clinical decision making unit by the therapists and the ED team can the department react optimally to the pressures of increasing demand. AHP integration supports the patient's journey positively with their embedded presence at the front door and support to reduce delays in the discharge process.

#### A day in the life...

- Safety huddles take place in the morning and again in later afternoon at the point of handover to the late shift team, enabling the team to focus their skills where the need is greatest.
- The therapy team are in constant communication with the nurse in charge of ED with regular updates on the patients they are managing so that timely decisions can be made to support patient flow.

#### What next?

The Trust is taking a proactive approach to managing the challenges related to the complexity of social care and community provision from two large local authorities and a number of community providers, that support the ED.

The patient's discharge process can be delayed due to the complexities of the pathways. The Therapy Team are committed to supporting the patient's journey with simplified processes and expert delivery of care through the entire acute care pathway.

From this, the next steps are to continue to support the ED with further integration of the therapy team with other professionals such as social workers and specialist discharge coordinators.

### Case study 2 – Mid Cheshire Hospitals NHS Foundation Trust Demonstrating the benefits of our REACT service in the Short Stay Unit

The emergency care therapy team (REACT) have been in place since 2018 at Mid Cheshire Hospitals NHS Foundation Trust. Their aim is to avoid hospital admission by providing comprehensive assessment within A&E and promoting a timely discharge from the medical assessment unit and short stay unit. The REACT team ensure that, for patients whose admission cannot be avoided, their journey through the hospital is assisted with a timely therapy assessment and plan on admission.

Locating an emergency care therapy team in the A&E, to screen patients who present to A&E in place of a referral system, has increased the number of patients discharged on the day of assessment by 47%. More recently, since the beginning of 2020, the team have been running a 10-hour service, seven days a week with positive results.

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### Case study 2 – Mid Cheshire Hospitals NHS Foundation Trust Demonstrating the benefits of our REACT service in the Short Stay Unit

#### Where did it all begin?

Mid Cheshire Hospitals NHS Foundation Trust utilised the NHS Benchmarking Network metrics to provide a picture of their position against their peers and give them the impetus to approach a step-change in their service delivery in the AMU and short-stay ward.

The Trust approached other hospitals in their locality to review how they set up their service, the hours of operation, assessment criteria, and staffing. It was vital that the review would offer long-term sustainable solutions.

In order for Mid Cheshire Hospitals NHS Foundation Trust to deliver effective patient intervention on the same day, the Trust would have to divert resources, which would have a financial implication. The cover provided to the Emergency Department, AMU and short-stay unit before the review was ad-hoc, relying on Bank staffing. It was decided that further resource was needed to secure the 7-day service and deliver improved patient care.

#### Writing their business case

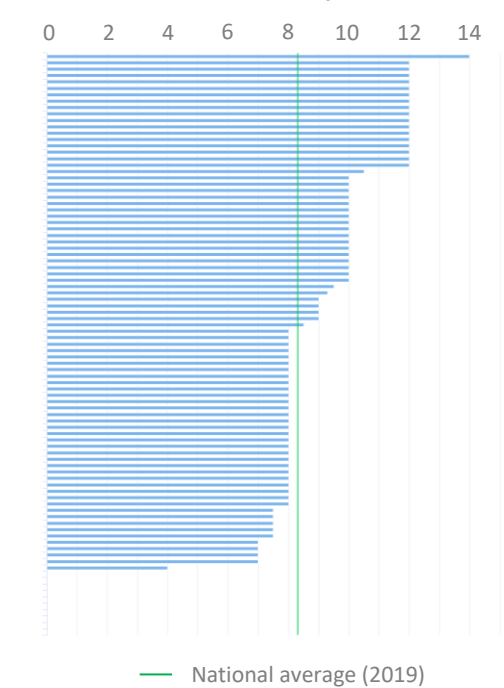
The team wrote a detailed business case underpinned with data from the NHS Benchmarking Network, to develop a 10-hour, 7-day service. The team now consists of 13 WTE Occupational Therapists and Physiotherapists, ranging from Band 3 to Band 7. Despite early concerns of a richer skill mix required to undertake the assessment duties on shift, the range of registered and non-registered staffing has enabled the team to respond in a timely manner.

Further work is being completed to support patients being discharged in the hours not covered by the REACT team, from 8pm-6am. The team are looking forward to seeing how their 7-day service has improved other metrics within the NHS Benchmarking data collection in future project iterations. It is felt, however, that their positive team working culture has already improved patient experience and discharge processes, with benefits felt throughout the entire pathway.

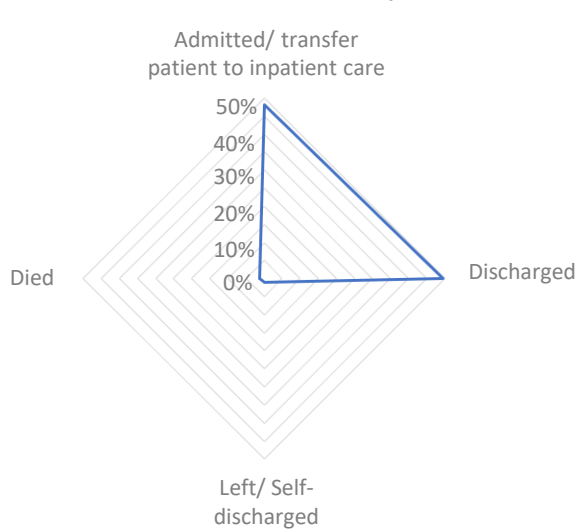
#### Contextual metrics to support your activity

You can access any of the online toolkits to provide additional support for your business cases and evidence for your executive boards. Take a look at the selection of charts on the right that could be used when creating your own REACT service!

Hours of availability of the therapy team in A&E over a 24-hour period at the weekend (Managing Frailty in the Acute Setting & Delayed Transfers of Care 2019)



Disposal method from assessment unit – all ages (Managing Frailty in the Acute Setting & Delayed Transfers of Care 2019)



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### Further resources

The [Acute Therapies](#) project is run on a biennial cycle, covering Dietetics, Occupational Therapy, Physiotherapy and Speech & Language Therapy. The Acute Therapies benchmarking project provides members with comparative data to evidence a range of performance metrics to monitor compliance with the national AHP strategy 'AHPs into Action' and the targets set within the NHS Long Term Plan.

Providing comprehensive data and insight into the delivery of Therapy services, the Network's 2019 project received data from over 250 submissions from 70 NHS organisations across England and Wales.

You can view all historical outputs for the project on the [members' area](#); including, presentations, toolkits, summary reports and Good Practice Compendiums. Other projects covered in this Guide include [Emergency Care](#) and [Managing Frailty in the Acute Setting & Delayed Transfers of Care](#).

In addition to metrics featured in this guide, there is a range of information to track service development within Acute Therapies teams, including:

Allocation of clinician time



Bank/agency spend



Response times



Skill mix



Patient satisfaction rating



Vacancy rate



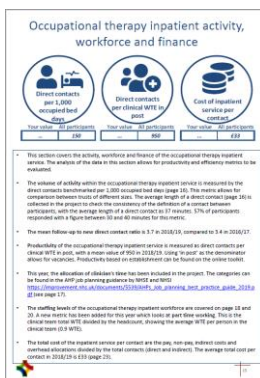
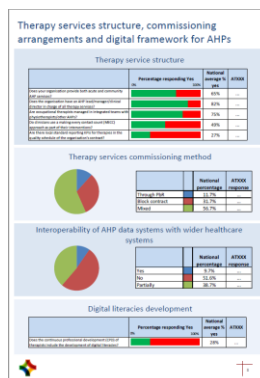
Average length of contact



Referral source and system



**Did you know**  
You can use the Knowledge Forum to ask questions to other members.



**Did you know**  
Bespoke reports are available for all participants.

If you would like to contribute to a further How to get the best of benchmarking guide, feel free to get in touch. Contact [Emma Pruce](#), Communications & Events Manager.