

Where's SDEC?

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Emergency Care Data Set

Urgent & Emergency Care “Flying Blind”

- Commons Health Select Committee 2013
- Started 2015
- Finished 2019

Approx. 200 Type 1 / 2 EDs [+ UTCs]

40 different IT suppliers

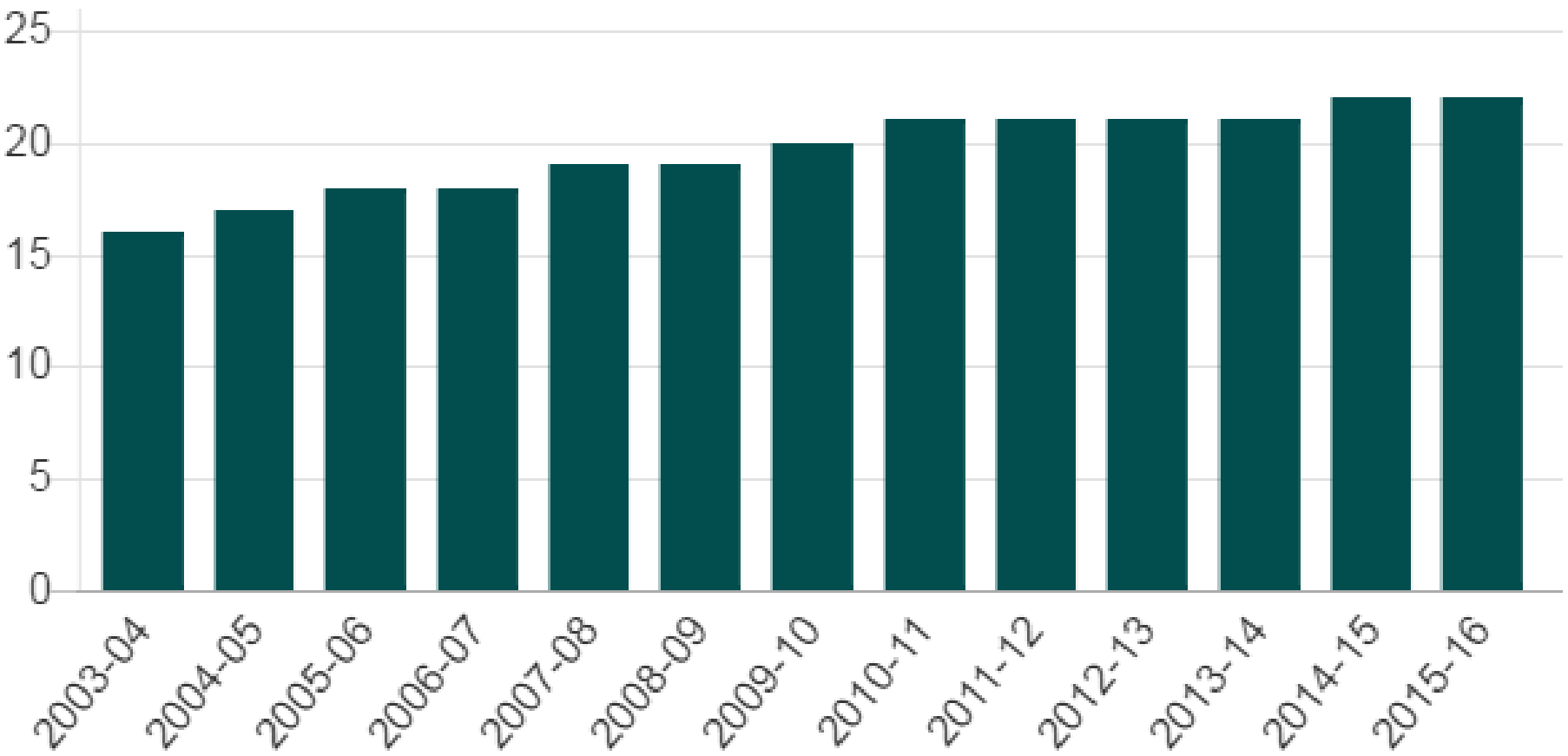






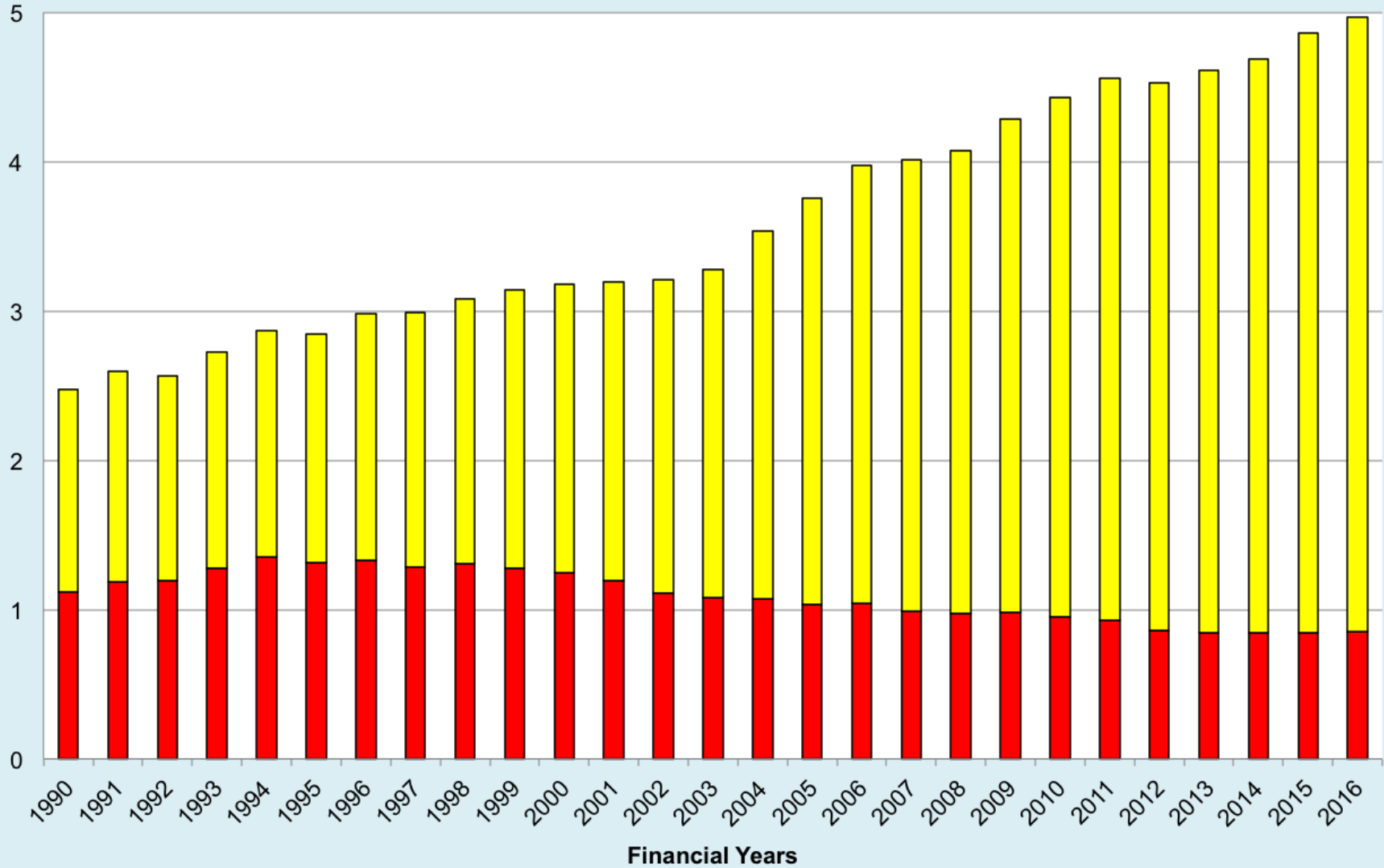
Increasing demand for urgent treatment

Visits to A&E in England (in millions)



Source: IFS

NHS Hospital Emergency Admissions [millions patients] from Emergency Department (yellow) vs GP (red)



SDEC / AEC history

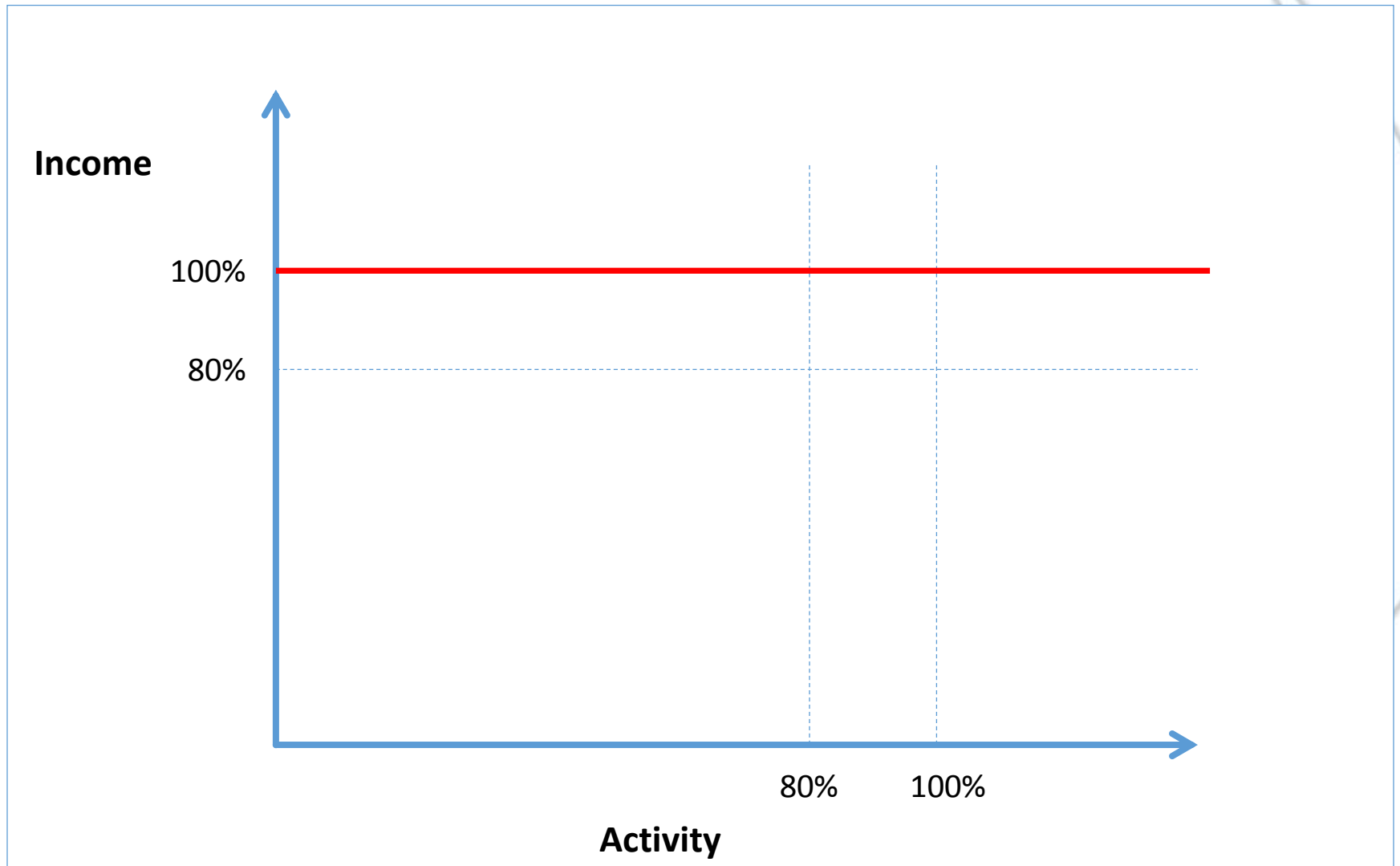
- Best Practice Tariff 2012-19
 - Now Blended Payment

Aims

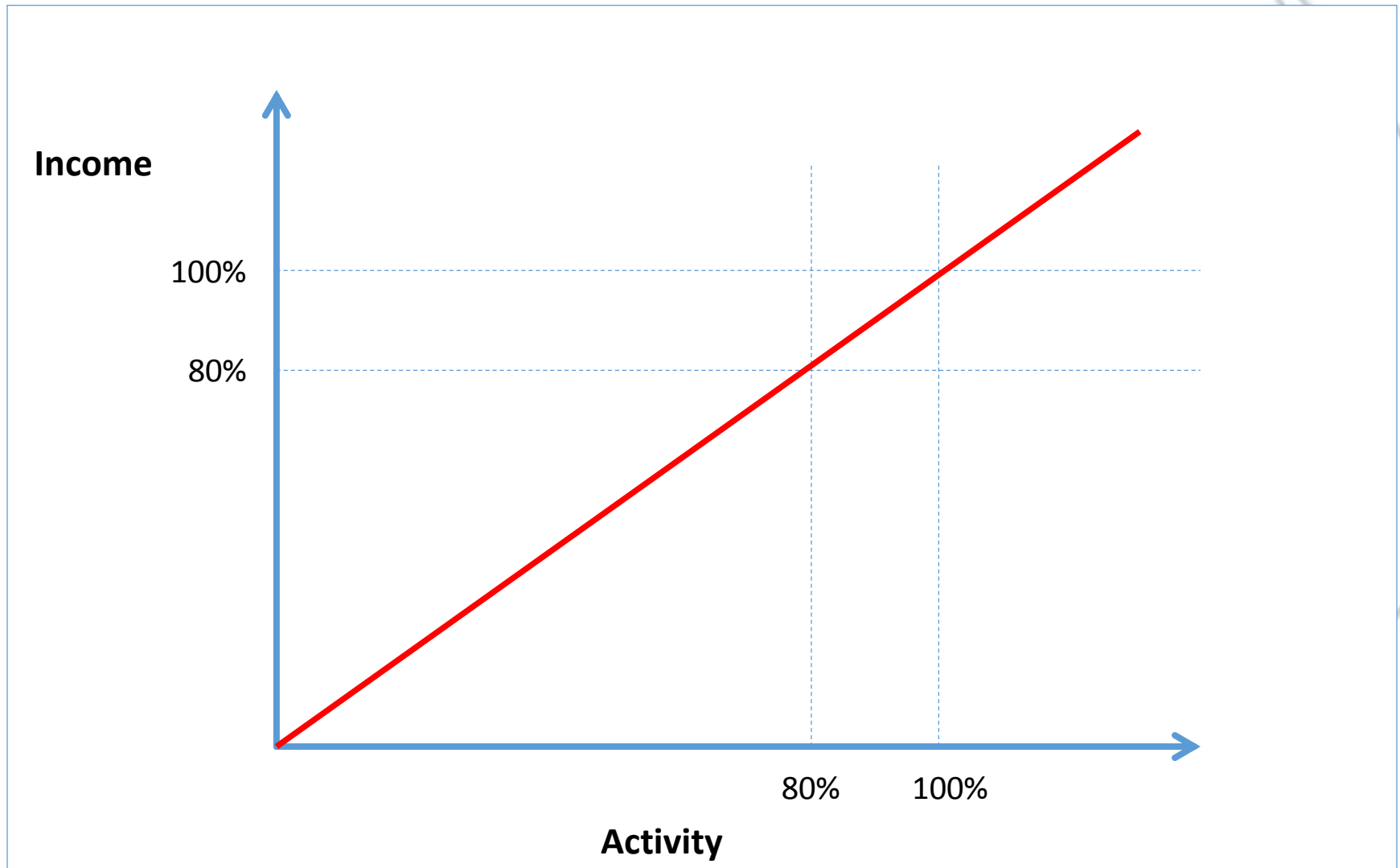
- Incentives for defined conditions
- Move to process driven SDEC



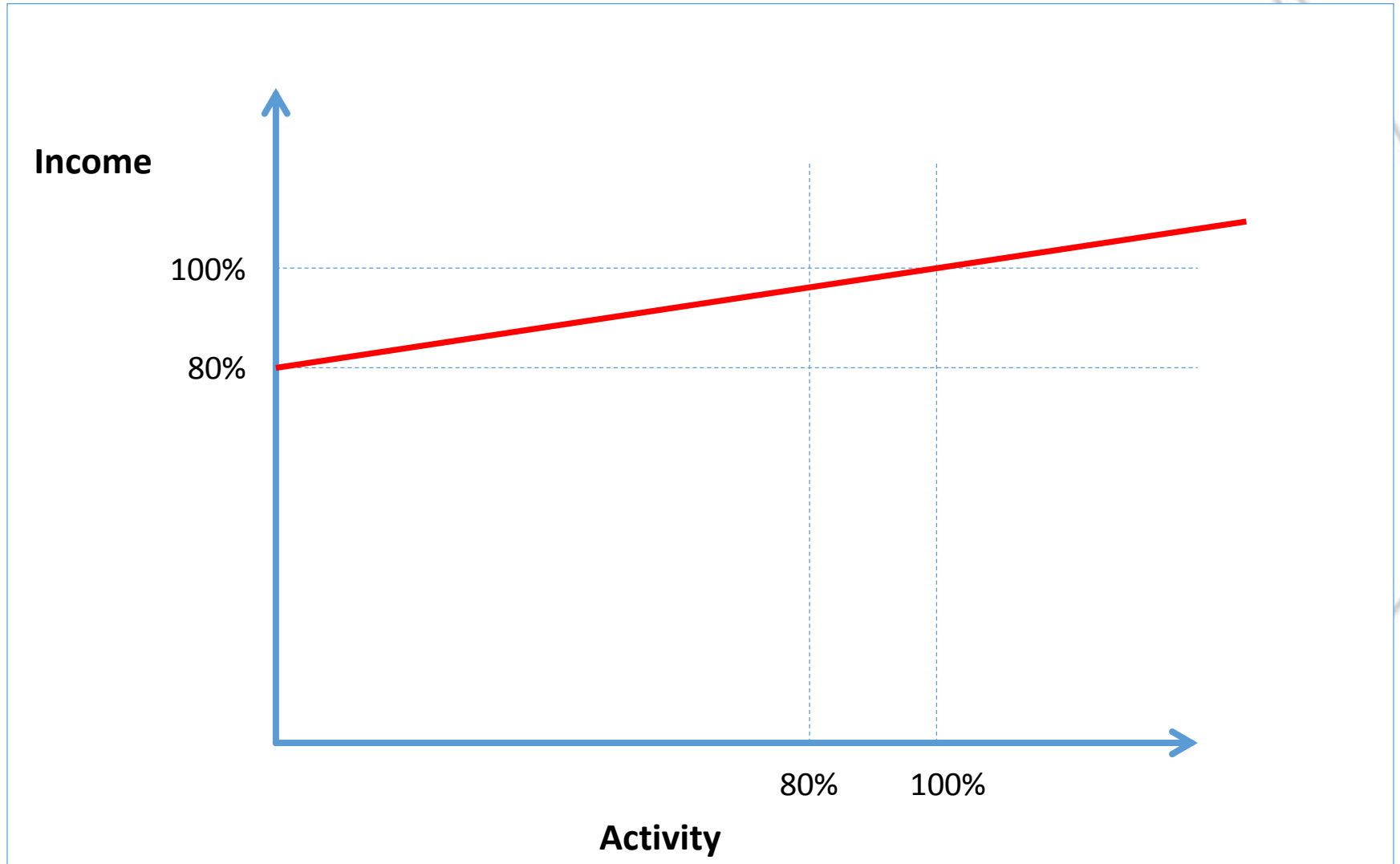
Block Tariff



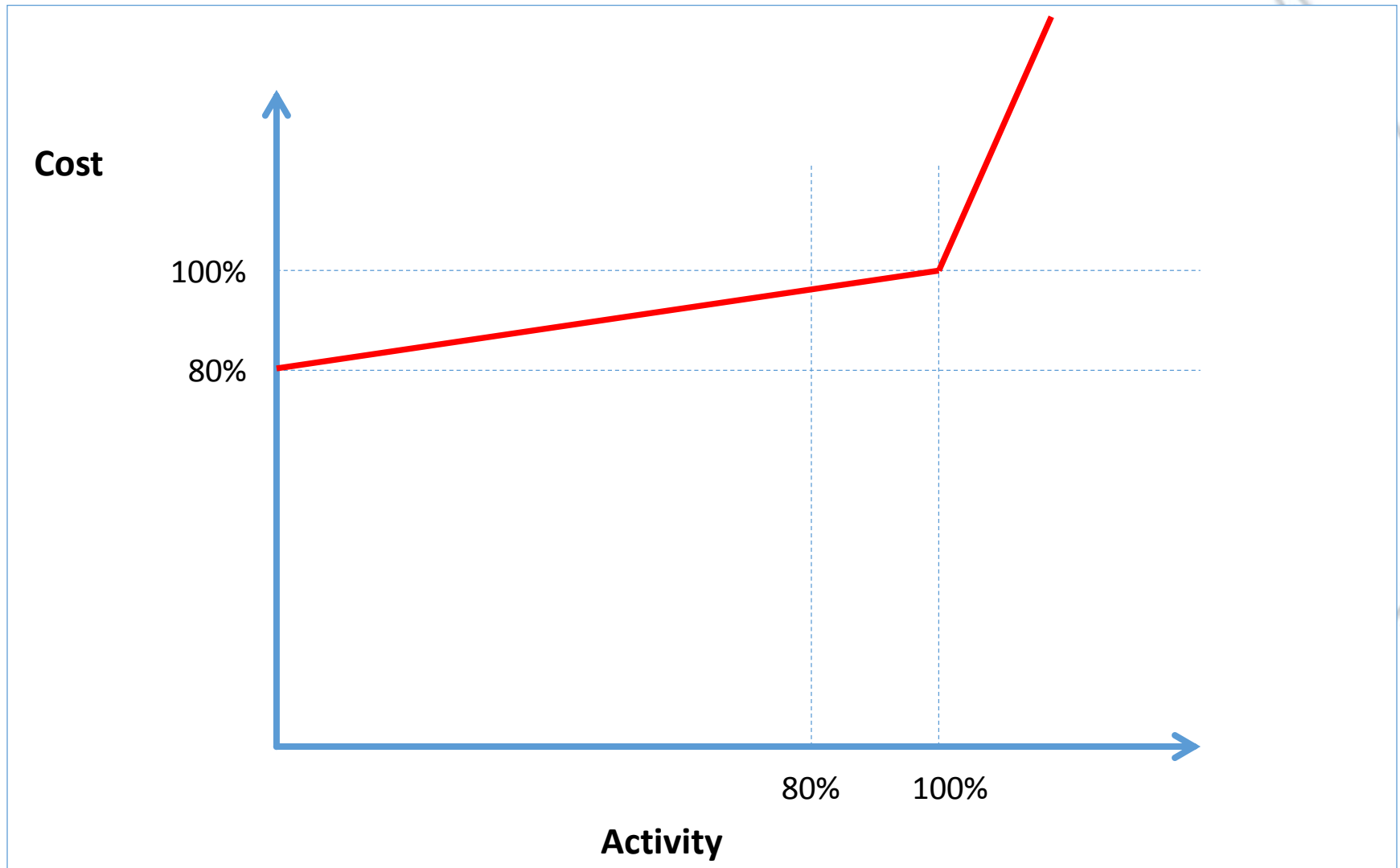
PbR Tariff (HRGs = DRGs)



Blended payment



Cost to provider / staff / patient

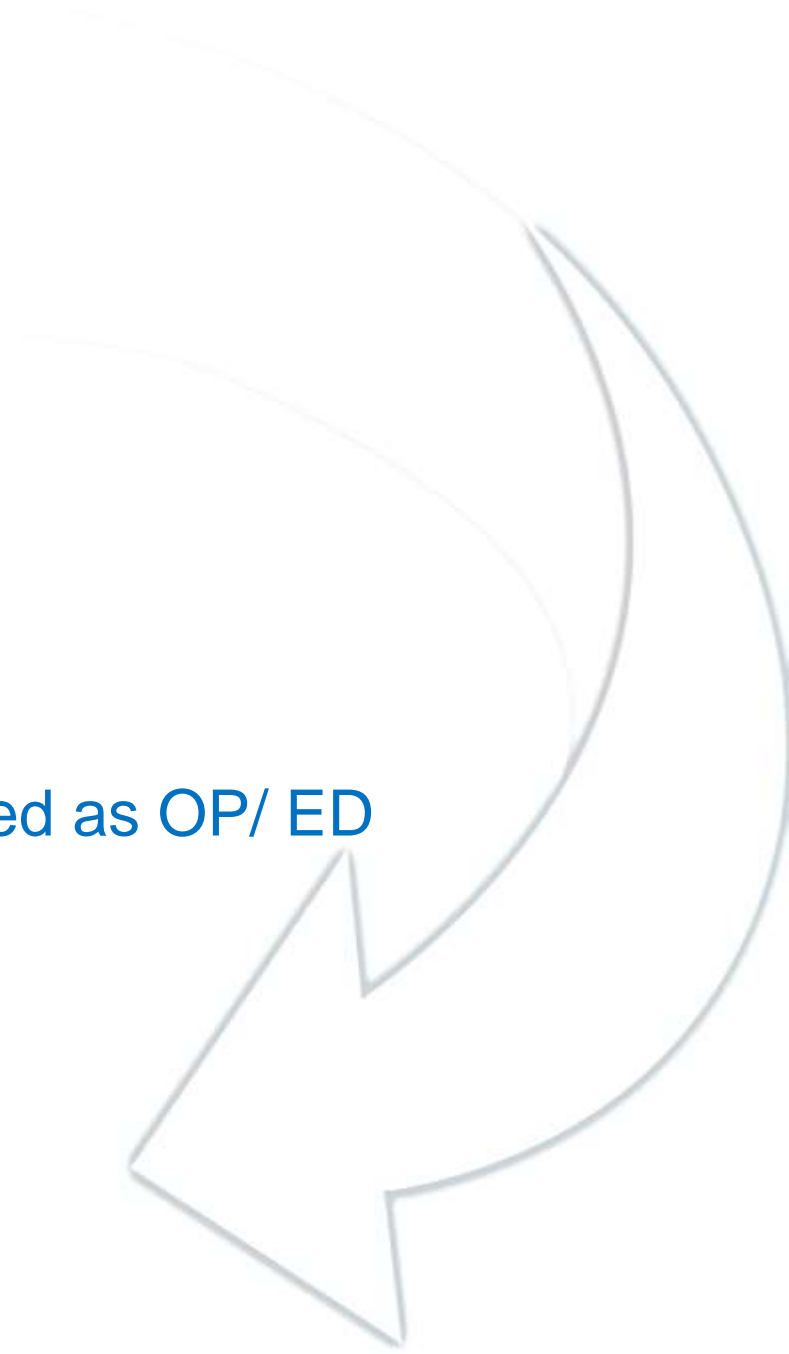


Best Practice Tariff

- Variable take up
- ? Level of activity
- ? All SDEC recorded
- BPT not claimed
 - Local arrangements – recorded as OP/ ED
 - Block tariff

OR

- Not doing SDEC



Success ?

Zero Day LoS admissions

^ 9.6% (2017-18)

- ? Zero / Low value-added SDEC
- ? High value-added SDEC
- ? Gaming
- ? Breach avoidance

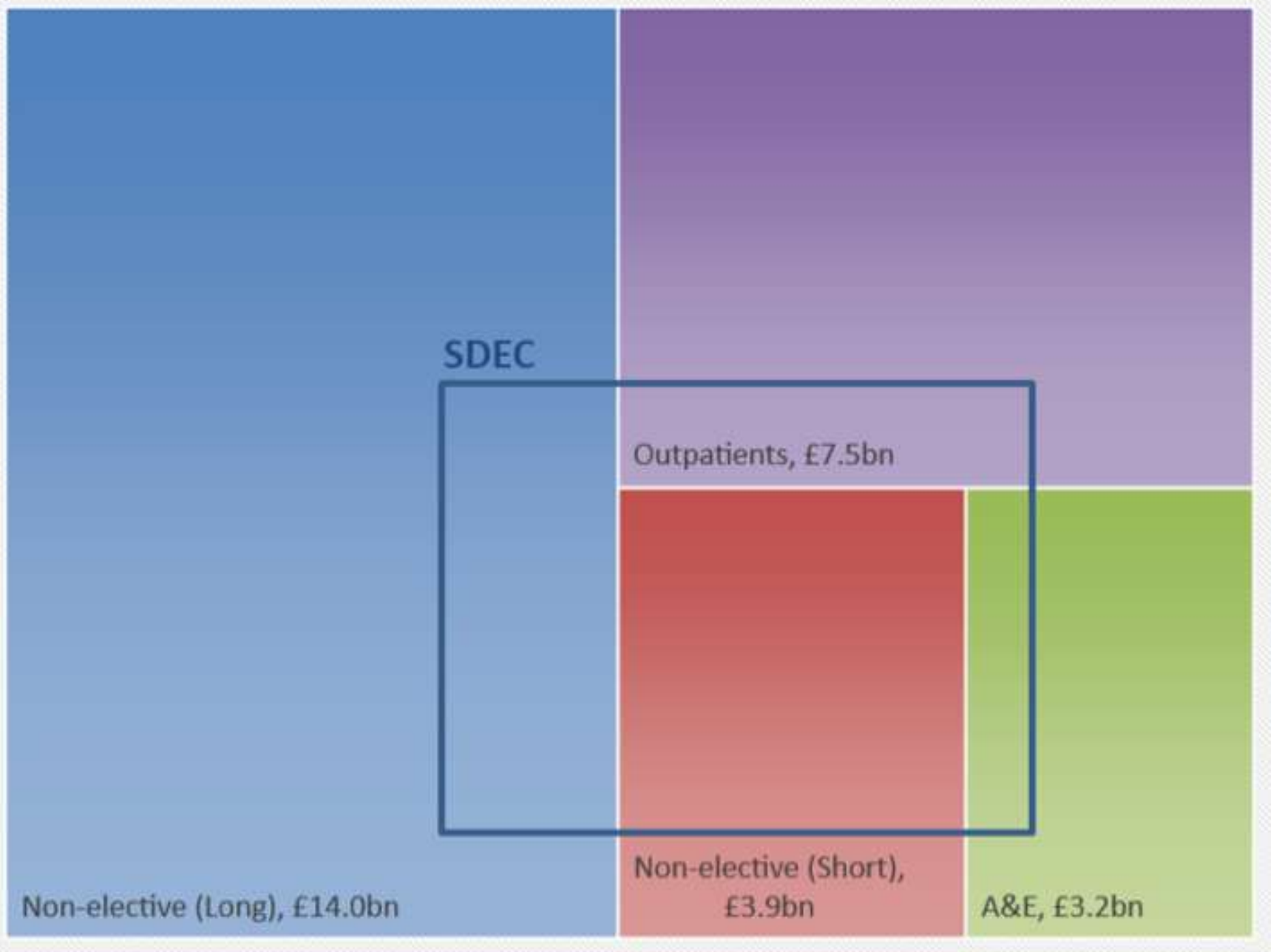
Expanding rapidly, we don't know why





unknown
unknowns





SDEC

Outpatients, £7.5bn

Non-elective (Short),
£3.9bn

A&E, £3.2bn

Non-elective (Long), £14.0bn

Why not use ECDS for SDEC?

- Baked in from the start
 - Worked with AEC Network
- Includes the Best Practice Tariff items
- Time based, milestones
- Input & Output metrics
 - Chief Complaint & Acuity
 - Diagnosis & Suspected / Confirmed





Changing to ECDS / SDECDS



Is the existing data

- Valid ?
 - Does it measure SDEC accurately?
- Reliable ?
 - Is it consistent from provider to provider
- Available ?

The sky will not fall in if we change to ECDS



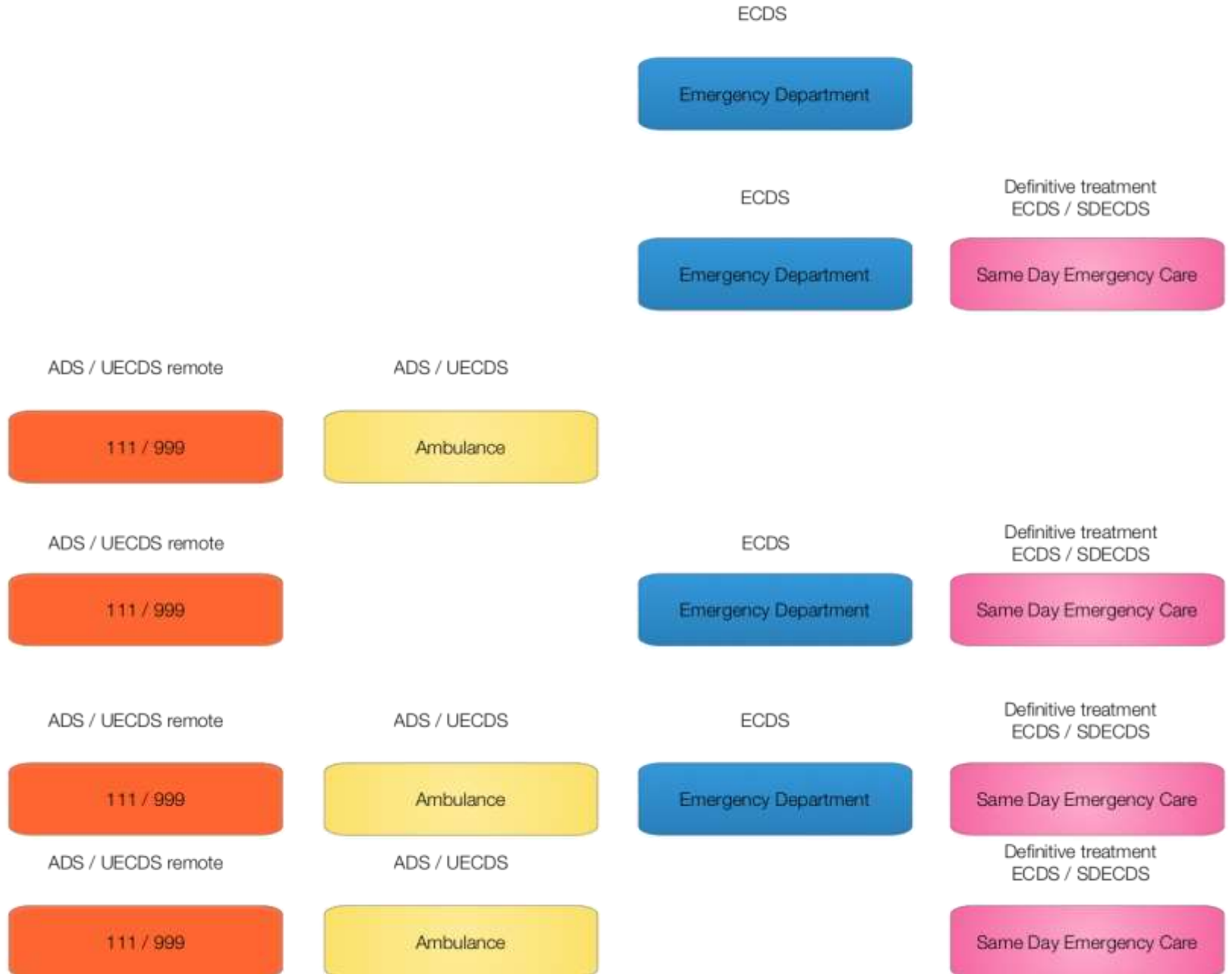
ADS

IUCDS

ECDS

SDECDS

Urgent and Emergency Care : Modular Data Set



Process Re-engineering

SDEC Short-term aims

- Count SDEC consistently
- Enable tariff – value-based commissioning
- Encourage centralisation / critical mass

SDEC Long-term aims

- Co-located with ED
- Flexible patient flow / staffing
- Process model vs. condition model



Where we are now

Piloting ECDS in SDEC – 10 Trusts

- First site live (Wexham Park)



Summary

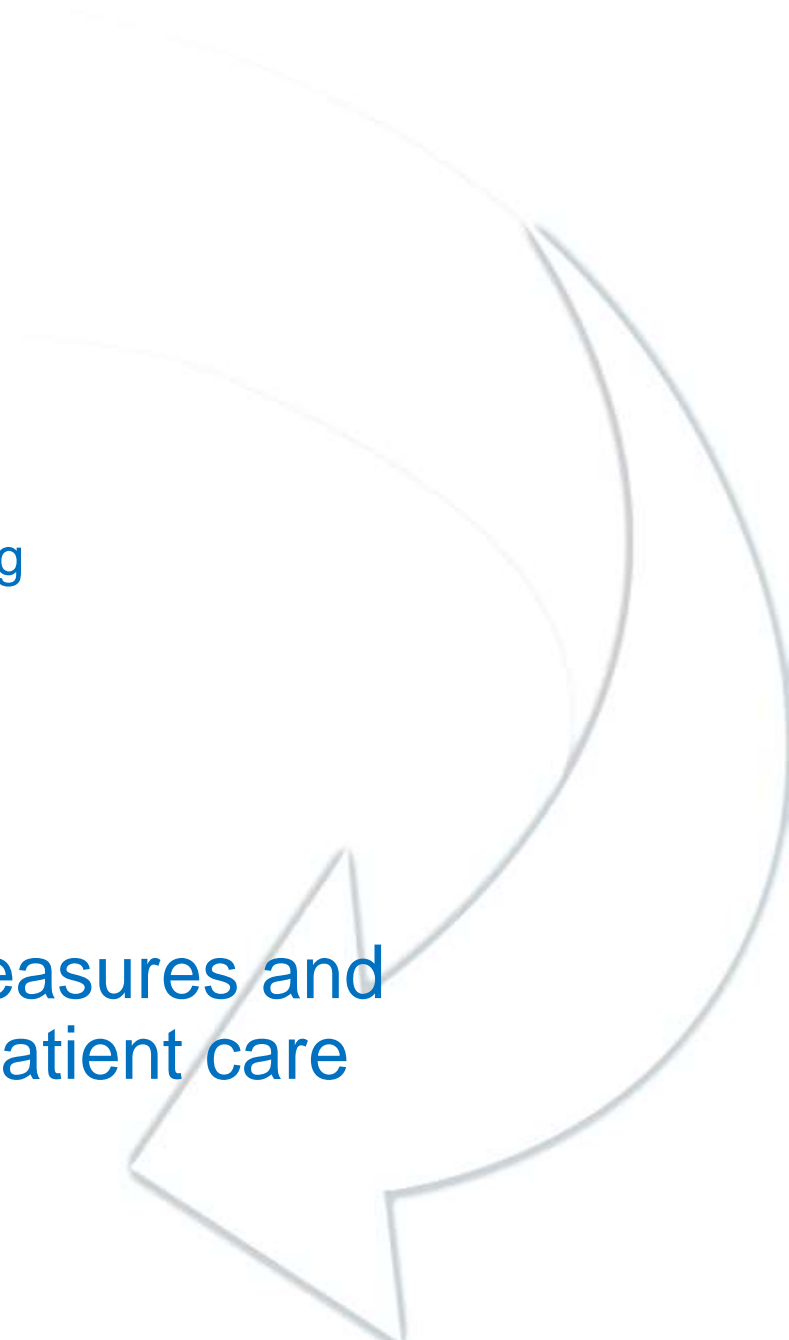
1. The world has changed

- Patients have changed
- Can't keep doing the same thing

2. Existing data

- Not valid
- Not reliable
- Not available

3. We need a system that measures and rewards excellent SDEC patient care



"If you can't measure it,
you can't improve it."

Peter Drucker

