Streamlining Resource Allocation and Visit Management in CNWL NHS Foundation Trust's Urgent Community Response (UCR) Services

Background:

UCR services are crucial in preventing A&E visits and unecessary hospital admissions, alleviating pressure on emergency services and supporting care at home. Efficient staff scheduling is essential for the effective delivery of these services.

NHS England has elevated its emphasis on UCR's role with Integrated Care Boards (ICBs), community providers, and primary care providers urged to boost referral volumes into UCR services. This case study highlights Doc Abode's vital role in enabling services to meet this demand, ultimately benefiting patients and optimising system flow.

The requirement

Central and North West London (CNWL) NHS Foundation Trust recognised the limitations of traditional scheduling systems in meeting the dynamic demands of its UCR service. They adopted Doc Abode in 2022, a cloud-hosted scheduling platform tailored for the NHS, to enhance workforce allocation and visit management. This innovative system leverages real-time data to match clinical expertise with patient needs, ensuring timely access to care while optimising resources.

Implementation Journey

Design and Development:
- Collaborative effort between technical and operational staff to define UCR specifications.
- Adherence to NHS standards such as DTAC, clinical safety, and information security.

Training and Adoption:
- Comprehensive training for clinical and non-clinical staff on software usage.
- Rapid adoption within one week, facilitated by the user-friendly interface.

Real-Time Visibility:
- Web-based dashboard providing live visibility of staff allocation, availability, progress, and visits awaiting allocation.
- Secure mobile app for clinicians to access patient visit schedules.

Business Intelligence:
- Utilisation of new operational insights for continuous service improvements.

Impact Assessment

Observed Impact:
The introduction of Doc Abode more than doubled (120%) the average number of patient visits completed per shift by Health Care Professionals (HCPs).

Analysis:
Doc Abode's UCR impact assessment was derived from HealthRoster and SystmOne data. An index was used to fairly analyse performance basedon the average number of patient visits per HCP hour worked.

Efficient resource allocation
Optimal staff allocation based on clinical skill, patient preferences, and location.

Protection of staff well-being through scheduled breaks and fair workload distribution.

Improved productivity
Enhanced visibility of staff capacity leading to informed allocations.

Elimination of missed appointments and scheduling errors.

Cost savings
Reduced travel time and non-patient facing administrative tasks.

Significant reduction in agency and bank staffing costs.
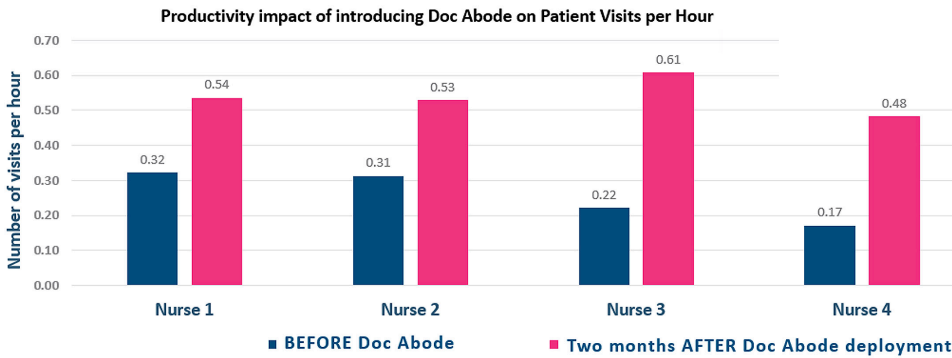
Enhanced team collaboration
Transparent caseloads and real-time updates improving team dynamics.

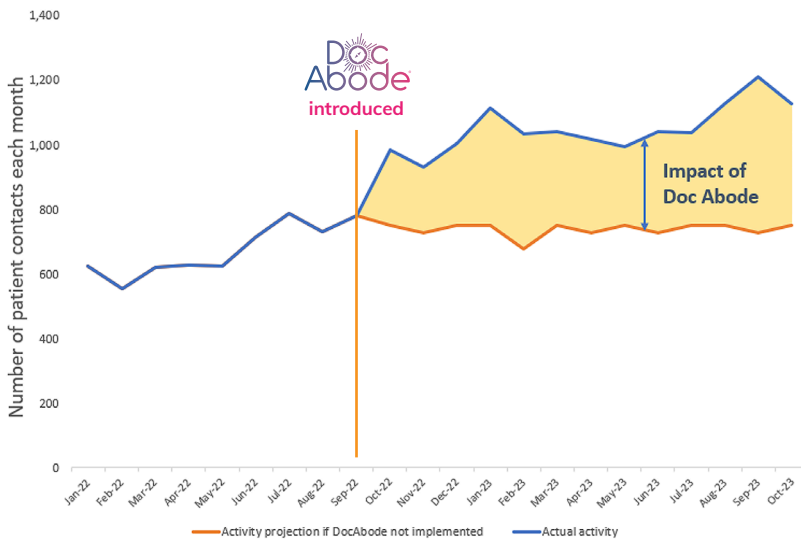Integrated safety alerts enhancing lone worker protection.

Impact of Doc Abode

Camden UCR Deployment - Evidence of positive impact on productivity

Productivity impact of introducing Doc Abode on Patient Visits per Hour

Number of visits per hour

Nurse	BEFORE Doc Abode	Two months AFTER Doc Abode deployment
Nurse 1	0.32	0.54
Nurse 2	0.31	0.53
Nurse 3	0.22	0.61
Nurse 4	0.17	0.48

■ BEFORE Doc Abode　■ Two months AFTER Doc Abode deployment

Productivity gains through Doc Abode led to more than double the average number of patient visits per shift from 2.9 to 6.4 visits, representing a 120% increase.

Statistically significant difference before and after (P=0.006)

Camden Rapid Response (UCR) - Number of patient contacts

Number of patient contacts each month

Doc Abode introduced

Impact of Doc Abode

— Activity projection if DocAbode not implemented　— Actual activity

"Doc Abode has helped with streamlining the allocation of patients, follow up visits and daily monitoring." - CNWL user

The capacity and productivity of UCR services in Central and North West London nearly doubled, increasing from approximately 700 patient contacts per month before Doc Abode to around 1200 per month within three months of its implementation. This shift signifies a redirection of system activity away from higher acuity services like 999/ED to A&E.

- 86% of staff agreed that Doc Abode 'improved team capacity' (n=40)

- 73% of staff agreed that Doc Abode improved the 'speed and timelessness of visit allocation' (n=40)

Doc Abode received a Net Promoter Score of 97 at Camden.

Camden UCR, D2A and VW - total agency spend per month (March 2022 - Oct 2023)

Doc Abode introduced
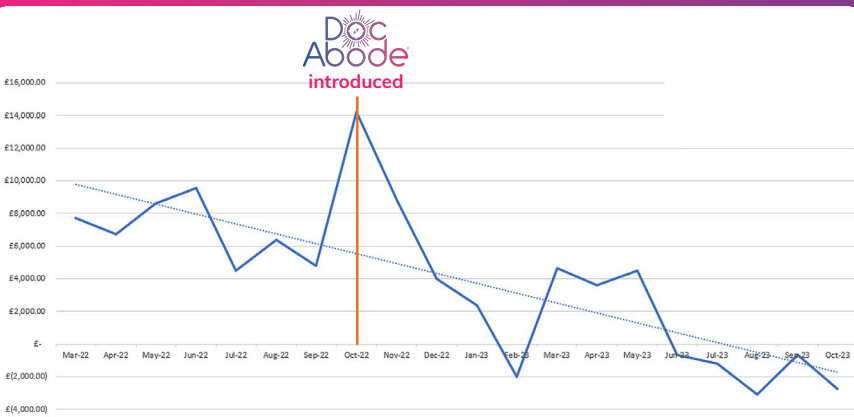
Following Doc Abode's deployment, monthly agency spend hit zero. Bank staffing costs also halved, leading to a sustained reduction in the average cost per contact.

The implementation of Doc Abode not only doubled the capacity and productivity of UCR services but also led to substantial cost savings. This underscores its importance in meeting the increasing demand for urgent care services while optimising resources and improving patient outcomes.