



**Ambulatory Emergency Care  
Accelerator Programme**



## What is the AEC Accelerator?

A six-month intensive programme, focused on working with operational teams to make rapid changes to an existing AEC service to improve utilisation and increase same day emergency care rates.

## Who is the AEC Accelerator Programme for?

Acute hospitals looking to assess the effectiveness of their AEC model and maximise AEC as a real alternative to admission to hospital.

Operational teams should ask themselves the following questions to understand if the programme is for them:

- Would you like to improve the quality of emergency care by processing more patients in one day?
- Would you like to improve the impact of your AEC service?
- Does the system need assurance that AEC is managing the 'right' patients?
- Do you understand the remaining potential for AEC in your system?
- Has your AEC development plateaued and you want to re-energise your work?
- Have you taken part in the original AEC Network, but were not able to make full use of the resources, and you are looking for more input than we provide in our Menu of Extended Offers?

If the answer is yes to any of these questions then this programme is for you.

AEC Accelerator enables systems to make an objective assessment of their current AEC service model, case mix and performance against potential, and use this to plan targeted interventions that get results.

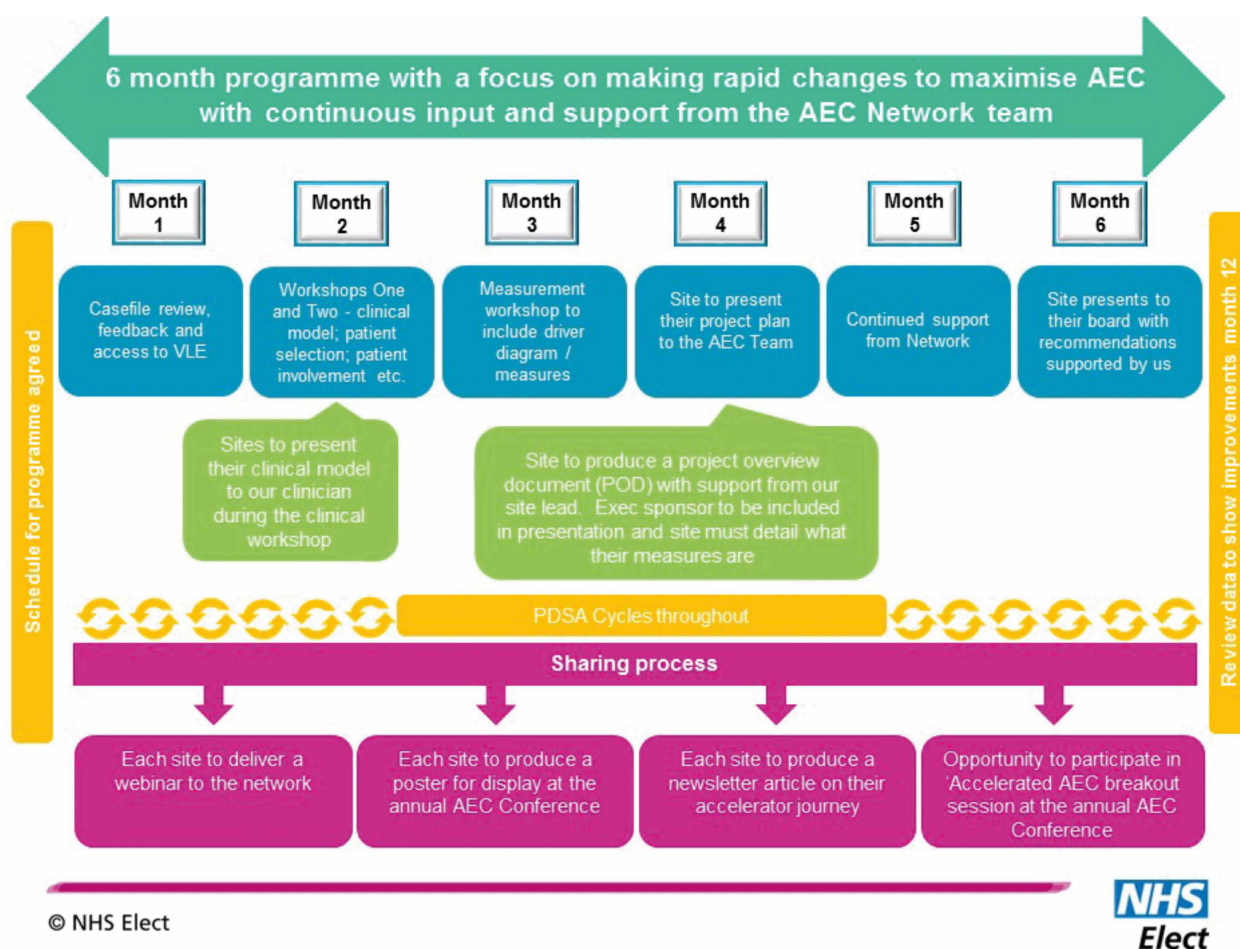
## The offer

Great strides have been made in same day emergency care across the NHS in recent years; the Ambulatory Emergency Care (AEC) Network has played an important part in supporting organisations to achieve sustainable change within their systems. We have worked with over 120 healthcare teams across England and Wales, supporting them to rapidly set up and/or expand ambulatory emergency care with great results.

The AEC Network offers this new programme of tailored support to help operational teams understand the effectiveness of their AEC model and realise missed potential, shifting more overnight in-patient episodes to same day emergency care.

Site support is provided to help your team gain a deeper understanding of the local challenges using a triangulated methodology, including analysis of HES data and a casefile review. This analysis is the first step and provided to you alongside recommendations for high value changes and a “prescription” of three workshops to complete during the remainder of the programme. Workshops are based on themes that emerge during the review, with content tailored to your organisation and locally delivered. This helps to maximise attendance whilst minimising cost and disruption to your operational delivery. You will be allocated a QI coach from the AEC national team who will work with you in implementing and measuring your improvements. The timeline for the programme is detailed in Figure 1 below.

**Figure 1. Accelerator programme timeline**



## Measurement support

The AEC team provide bespoke measurement support that is unique to us. We work with you to analyse your current activity, as well as to help you understand how best to monitor change and demonstrate that the changes you make are actually improvements.

# Don't just take our word for it...

Using our expert support **Rotherham** was able to clearly understand the remaining potential for AEC and demonstrate the negative impact of using the AEC clinical area as escalation had on patient flow. This helped in securing further investment in the environment and staffing to expand the service. Using a new area and additional staff Rotherham has increased the proportion of the medical take seen via AEC to 48%, with 80% of these patients achieving a same day discharge and 60% being fully managed by the ANP team.

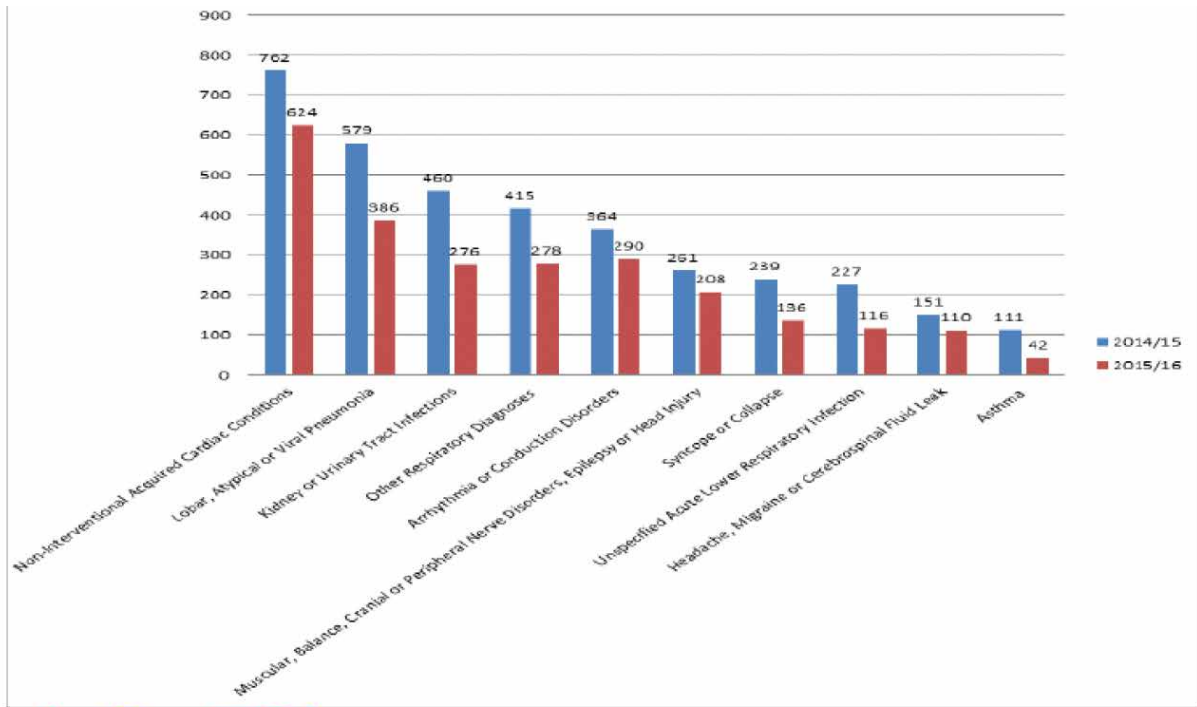
**Great Western** was already achieving high AEC rates but from our initial analysis staff were able to identify an opportunity to manage some of their frail older people through AEC by building stronger links with their Older Persons team. This has increased same day discharge of these patients as well as improving links to Therapies and providing training and support for developing ANPs within the Older Persons team.

**University Hospitals of Coventry and Warwickshire** identified a bottleneck neck in patient flow around access to senior review and management. This resulted in some patients being admitted overnight simply because of cumulative delays in their journey in AEC. Using our "Patient Selection" and "Clinical Model" workshops the team were able to implement a new model that recognises and empowers senior decision-makers other than the designated consultant, and places this capacity at the front of the patient journey in AEC. They have seen reduced delays in transfers from ED to AEC, increased same day discharge rates and a reduction in the use of escalation beds.

# What is the impact of maximising AEC?

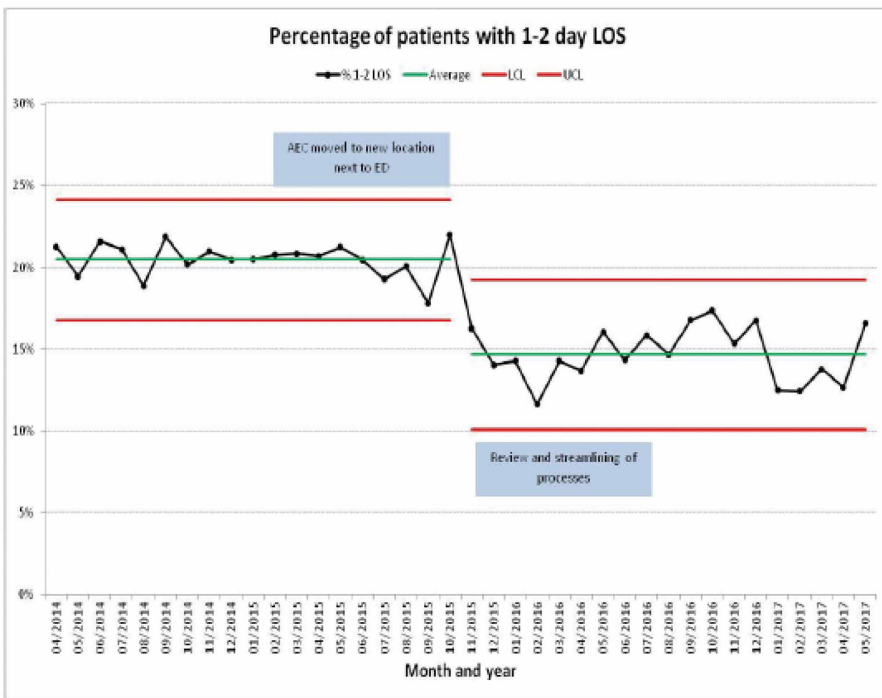
**Graph 1 – South Warwickshire**

An illustration of the reduction in admissions by condition

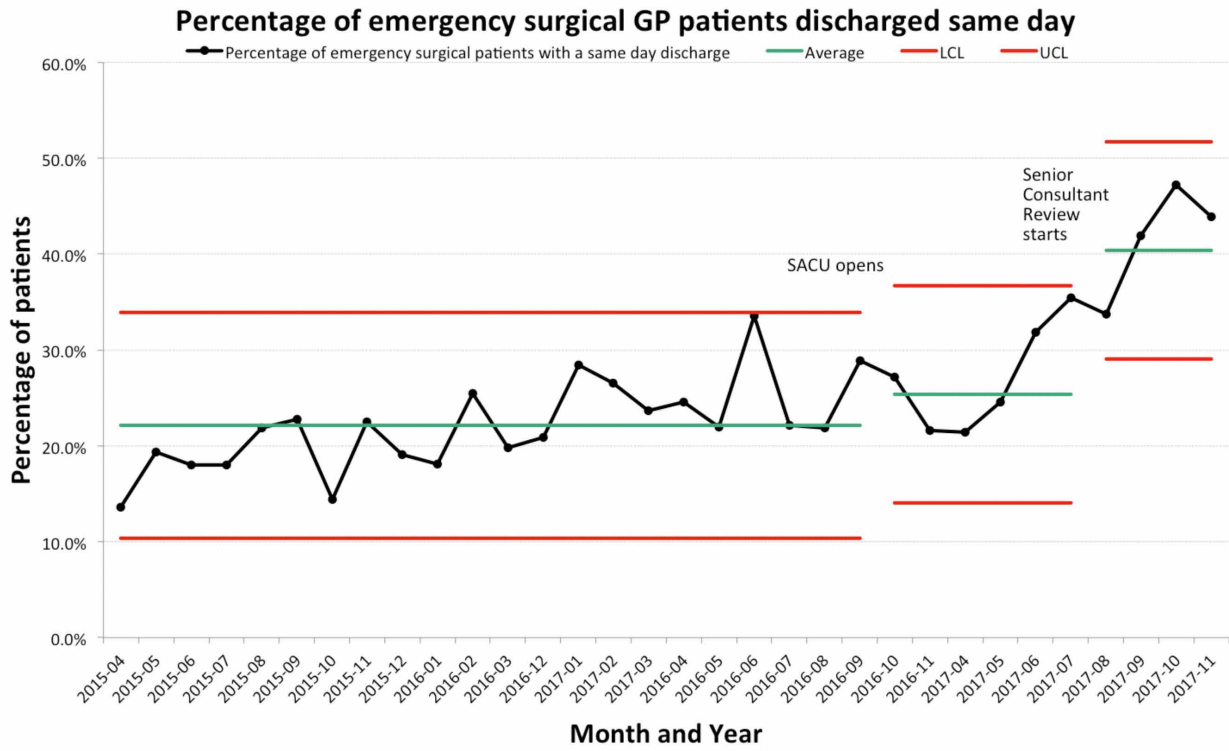


**Graph 2 - The Princess Alexandra Hospital**

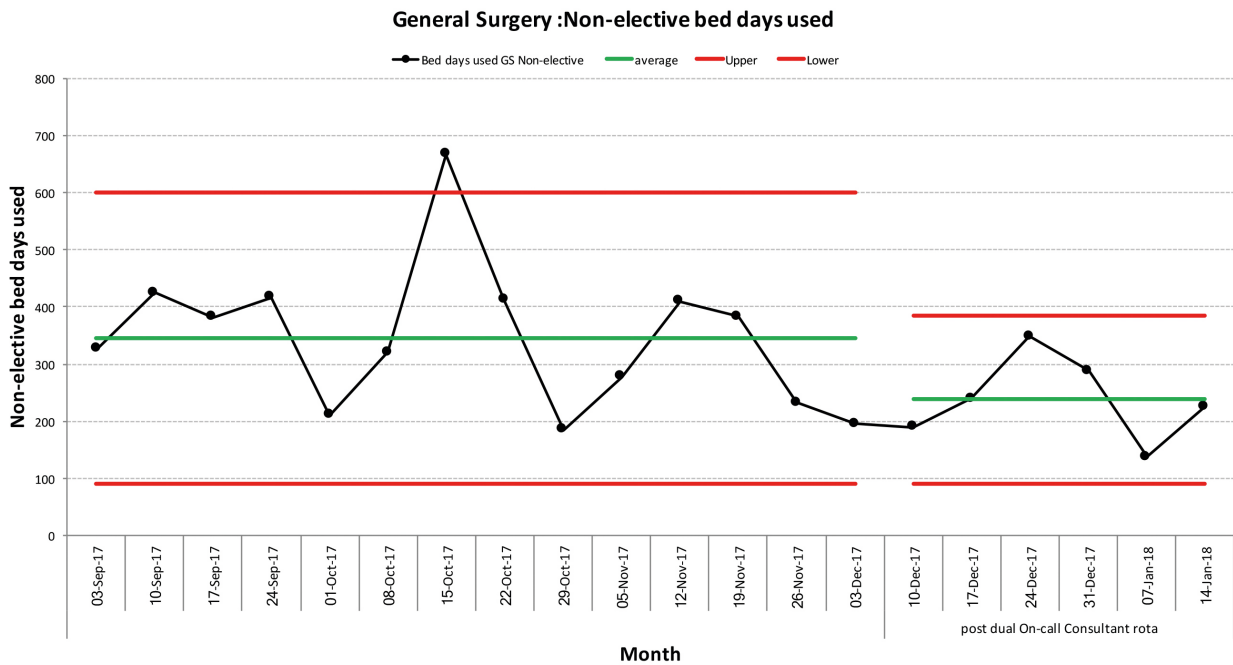
The reduction in the percentage of patients with a one to two day length of stay.



**Graph 3 - Mid Cheshire Hospital**



**Graph 4 - City Hospitals, Sunderland**



# Get involved

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If you would like to know more or you would like to join the AEC Accelerator programme, please email [aec@nhselect.org.uk](mailto:aec@nhselect.org.uk). You can also find more information online at: [www.ambulatoryemergencycare.org.uk](http://www.ambulatoryemergencycare.org.uk)



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