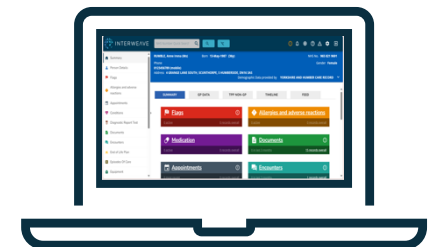


HNY Shared Care Record Programme

EoL Benefits – Realising patient's wishes through data availability



1. Acute Care (ACT.02): Reduction in unnecessary admissions for palliative and EoL Patients to Acute Trusts

Validated by YAS and Northern Lincs End of Life Team.



BENEFIT IN BRIEF

The ability for paramedics to view the preferred place of care, preferred place of death and focus of care information for a patient, informs the decision on whether to convey the patient to hospital or whether an alternative care provision is more appropriate.

Access to this information via the YHCR reduces unnecessary hospital admissions and stays for end-of-life patients who wish to be cared for out of hospital.

This both improves the experience of patients and their families and results in a financial benefit to the trust due to a reduction in unnecessary admissions.



BENEFIT METHODOLOGY

Data points:

- YAS conveyances per day 221
- EMAS conveyances per day 71
- Daily cost of inpatient stay - £425 (from NHS BART tool).

Assumptions:

- 1.5% of all ambulance conveyances will be for palliative /end-of-life patients with an EPaCCS
- Access to the end-of-life information will support a decision not to convey 50% of palliative/end-of-life patients to hospital.
- Palliative/end-of-life patients conveyed to hospital have a one-day admission.
- Acute trusts will therefore save the cost of a one-day hospital admission for each patient not conveyed.



PROJECTED BENEFIT VALUE

Projected annual benefits for reduced hospital admissions to YSFT, HUTH and NLAG:

Year	Efficiency Saving
Predicted 23/24	£339,724
Year	Efficiency Saving
Actual 23/24	£387,399



2. Ambulance Service Benefit: Reduction in the number of unnecessary conveyances to hospital

Validated by YAS and Northern Lincs End of Life Team.



BENEFIT IN BRIEF

The ability for paramedics to view the preferred place of care and preferred place of death and focus of care information for a patient, informs the decision on whether to convey the patient to hospital or whether an alternative care provision is more appropriate.

Access to this information via the YHCR reduces unnecessary ambulance conveyances for end-of-life patients who wish to be cared for out of hospital.

This both improves the experience of patients and their families and results in a financial benefit to the ambulance trust due to a reduction in unnecessary conveyances.



BENEFIT METHODOLOGY

Data Points:

- The average number of HNY patients conveyed to hospital per day by YAS and EMAS combined is 292
- The cost saving per avoided ambulance conveyance to hospital is £88.97 (to see treat and refer only) (<https://www.england.nhs.uk/costing-in-the-nhs/national-cost-collection/>)

Assumptions

- 1.5% of all ambulance attendances will be for palliative /end-of-life patients with an EPaCCS for the full five period covered in the projections
- Access to the end-of-life information will support a decision not to convey 50% of palliative/end-of-life patients to hospital.



PROJECTED BENEFIT VALUE

Projected annual benefits for reduced hospital conveyances for end-of-life patients in HNY by YAS and EMAS:

Year	Efficiency Saving
Predicted 23/24	£49,766
Year	Efficiency Saving
Actual 23/24	£81,099



'Having access to the YHCR data means you can frame conversations when referring to other Health Care Professionals to make it clear the patient is not for hospital etc.'

Anonymous Paramedics, YAS (YAS survey, Spring 2022)

3. Ambulance (AMB.03): Decrease in unnecessary admissions resulting in a reduced carbon footprint

Validated by YAS and Northern Lincolnshire EPaCCS Clinical Lead



BENEFIT IN BRIEF

The ability for paramedics to view the preferred place of care, preferred place of death and focus of care information for a patient, informs the decision on whether to convey the patient to hospital or whether an alternative care provision is more appropriate.

Access to this information via the YHCR reduces unnecessary hospital admissions and stays for end-of-life patients who wish to be cared for out of hospital.

This both improves the experience of patients and their families and results in an environmental benefit the trust due to a decrease in unnecessary admissions resulting in a reduced carbon footprint



BENEFIT METHODOLOGY

Data points:

- The average number of HNY patients conveyed to hospital per day by YAS and EMAS combined is 292
- The CO2 saving per avoided ambulance conveyance to hospital using the carbon calculator on benefits calculator tool
- 3 miles per conveyance
https://www.nuffieldtrust.org.uk/sites/default/files/2018-10/1540325897_qualitywatch-distance-emergency-care.pdf

Assumptions:

- 1.5% of all ambulance conveyances will be for palliative /end-of-life patients with an EPaCCS
- Access to the end-of-life information will support a decision not to convey 50% of palliative/end-of-life patients to hospital



PROJECTED BENEFIT VALUE

Projected annual benefits for reduced CO2 emissions hospital conveyances for end-of-life patients in HNY by YAS and EMAS:

Year	Kilos Carbon Saved
Predicted 23/24	643
Year	Kilos Carbon Saved
Actual 23/24	732



'Excellent in being able to provide the correct care and pathway for the patient especially if they are unable to communicate or family do not recall some details.'

Anonymous Paramedics, YAS (YAS survey, Spring 2022)

The Patient Impact



According to a Marie Curie report: The preferred place of death for the UK population was home (63%), hospice (28%), hospital (8%) and care home (1%), giving a total of **92% whose preference it is to die out of hospital.**

Analysis Shows that Patients with EPaCCS More Likely to Die Out of Hospital

Data gathered in Northern Lincolnshire from closed EPaCCS records shows that **only 14% of a EoL cohort of patients die in hospital compared to a national average of 42-45%** and a northern Lincolnshire average of between 36-40%. It suggests that the whole process of advance care planning and subsequently recording a patients wishes and preferences in a EPaCCS record and sharing it across the system. Is making a significant difference to a patients end of life care journey and ultimately where they die.



Saved Conveyances



Due to EoL patient data within the YHCR. Referring to a person's EoL wishes is allowing our ambulance crews (YAS/EMAS) to make a more informed decision around conveying a patient back to hospital. Considering a persons preferred place of care and death which is on average more likely outside of a hospital setting.

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On average less annual conveyances to hospital due to EoL data availability to Ambulance services

