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| Library concerned: DBTH Knowledge, Library & Knowledge Service  Name of case study: Redesigning urgent and emergency care  Date of interview: 8.1.20 | |
| **Interviewee** | Name: Ruth Bruce  Job Title: Strategic Change Manager  Trust/Employing body: DBTH  Email: ruth.bruce@nhs.net  Tel: |
| **S****ummary of problem or reason for enquiry** | The requester was developing a system wide Urgent and Emergency care strategy for the Trust and asked Sarah Gardner, Clinical / Outreach Librarian, to provide up to date and relevant research and information.  It was essential that the project team could refer to all of the most up to date national documents, plus information on different models of care, best practice, and patient experience. Evidence was requested on the efficacy of these different models across the whole system (A&E, ambulance services, NHS 111, streaming, urgent care centres, integrated care). |
| **Brief description of the information found / service provided** | Multiple searches were carried out, covering healthcare databases, general internet and key sites such as NHS England, Kings Fund, Health Foundation, NHS Improvement Hub, NHS Fab Stuff.  A series of four results documents was prepared to cover the range of topics requested. Contents were filtered by the Clinical / Outreach Librarian and the results were arranged by priority reflecting an assessment of their likely value in answering the enquiry, (MuSKCo approach – must know, should know, could know).  (Feedback: the requestor commented “*I like the way the results were presented,* ***the ranking was particularly helpful and saved me time.”***  *“The way the results set was split into distinct topic documents was helpful, it enabled me to focus and to easily share the relevant document with the relevant team. The format and presentation with hyperlinks let you easily get to the documents, gave you the opportunity to dip in and out. Very usable and user friendly” )*  The requestor also recognised the value in engaging library staff in this work: “*Thank you! I recognise the expertise you provided in finding the relevant information from reliable sources. Quality assurance like this is very important* “ |

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| **Summary of outcome and impact** | “*It is in the patient’s and the economy’s best interest to move patients away from ED to other services.* ***The information and evidence you provided formed the basis of the urgent and emergency care services redesign for Doncaster”*** |
| **Immediate Impact**  **(including quotes)** | Impact Categories: Commissioning or contracting; Gain new knowledge; Generate new ideas; Improve your confidence; Save your time; Teaching or presentations; Sharing information with or advising other staff or colleagues; Organisation/service development/planning.  “***The national documents provided formed the basis of the case for change presented to the commissioning group, and the development work that was undertaken****.”*  “*It was essential in the beginning of the work to have the background, confidence and knowledge which the evidence gave. It was shared with providers to allow them to learn about other sectors, and it provided an important safety net in terms of “am I missing something?” – I had confidence that the results provided meant that I wasn’t missing anything – that was really valuable*.  *“The models of care information was used in design workshops for providers, (and was drawn on throughout the year) and in these workshops,* ***the literature was referenced and helped to design the model based on the evidence provided. Providers were able to co-design and agree the optimal model for Doncaster.***  *“****The information provided meant that it was certain that the model met national requirements and helped the team to understand best practice, and also to decide what they didn’t want in terms of service design***.  “*Material provided was used in presentations, in workshops and shared with colleagues via e-mail. It enabled colleagues from different sectors to learn about each other’s settings and the issues involved in providing services in those settings*”. |
| **Probable future Impact**  **(including quotes)** | Impact Categories: Saved money or contributed to financial effectiveness; Changed service development or delivery; Developing guidelines/guidance/policies/pathways; Improved patient care.**:**  **“***In* ***designing this model of care based on the evidence provided****, we ultimately aim to influence the behaviour of patients in the local area, and steer them to choose the right service for the level of urgency they are experiencing. The implementation of the model will be closely monitored, and* ***it is hoped it will provide a shift in activity levels in the different settings (acute, emergency services, community etc). In this way demand on acute services will be less, and the cost of care will be less as a result****. It is not possible to accurately predict a figure for this,* ***but the change will be substantial and important*”** |