



**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 31 October 2019

**BY:** Chief Officer

**SUBJECT:** Royal Infirmary of Edinburgh (RIE) Front Door Services

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## **1 PURPOSE**

- 1.1 To inform the IJB of developments concerning the 'Front Door' entry points to the Royal Infirmary of Edinburgh (RIE) unscheduled care services.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked:
- i. To support, in principle, an application for capital investment from NHS Lothian, in the RIE Front Door services; and
  - ii. To agree that East Lothian HSCP undertakes a programme of work in conjunction with the RIE and the other Lothian HSCPs to examine and develop, as appropriate, viable and cost-effective community based alternatives to acute hospital care to reduce demand on the RIE Front Door.

## **3 BACKGROUND**

- 3.1 As unscheduled care is a delegated function under the Public Bodies Act 2014, the responsibility for revenue costs rests with the four Lothian Integration Joint Boards.
- 3.2 Integration legislation required NHS Boards to delegate responsibility for planning unscheduled care, including accident and emergency services to IJBs. In practice, this must be undertaken in close collaboration with NHS Lothian Acute Services and with neighbouring IJBs which have a shared interest in the Lothian Acute Hospitals.
- 3.3 The Integrated Care Forum is a Lothian-wide forum which takes responsibility for ensuring a coordinated approach to planning. Additionally, following the Scottish Government's decision to place NHS Lothian at level 3 of NHS Board Performance Escalation Framework, a

cross Lothian forum has been established to address the performance issues relating to unscheduled care.

- 3.4 There have been a range of service developments in East Lothian over a number of years intended to support the Acute Hospital system including the Hospital at Home and Hospital to Home teams. On the basis of this and other work, East Lothian has had considerable success in delivering good delayed discharge performance.
- 3.5 Crowding is a key barrier to providing safe and effective care within the RIE Emergency Department (ED). Within the publication *Crowding in Emergency Departments*, the Royal College of Emergency Medicine cites published evidence, which demonstrates that ED crowding is linked to increased mortality.
- 3.6 Crowding also affects the ED's ability to achieve and maintain sustainable performance against the Emergency Access Standard. Without change, there is unlikely to be significant improvement in performance against the standard.
- 3.7 The RIE Emergency Department, which opened in 2003, was originally designed during the 1990s to manage 80,000 patient attendances per annum. In 2008, 79,725 patients attended the ED. Attendances have continued to increase since 2008 and in 2018, 119,783 patients were reviewed and assessed, with the department accepting anywhere between 330 to 400 presentations per day.
- 3.8 The Royal Infirmary of Edinburgh (RIE) Front Door comprises all entry points to acute hospital unscheduled care and includes the Emergency Department, Minor Injuries, Ambulatory Emergency Care and Surgical Receiving services. Front Door services have been under continual and growing pressure for a number of years. These pressures will increase reflecting projections of a growing and ageing population in Lothian over the next 15 years.
- 3.9 NHS Lothian has put in place interim measures to manage increasing demand, including a modular build to accommodate the minor injuries unit and a test of change to provide additional capacity for ambulatory emergency care and observation of patients requiring a stay greater than 4 and less than 12 hours. However, there is recognition that sustainable solutions are required to manage demand in coming years.
- 3.10 A redesign and extension of the current clinical space is required to enable the delivery of safe and effective services at the RIE Front Door. This will require capital investment. NHS Lothian has a clear process for prioritisation and development of capital projects, in line with Scottish Capital Investment Manual (SCIM) guidance. The guidance covers issues around investment appraisal, financial affordability and procurement, as well as project management and governance arrangements.
- 3.11 A core group, comprising clinical and management staff working across front door services, was established in autumn 2018 to develop the

strategic case for change, and begin to develop proposals for the development of the RIE front door. In late 2018 it was recognised that there was a need to include a wider group of stakeholders in discussions. A Programme Board was subsequently established in March 2019 to determine the preferred scope of the redesign, along with a number of sub groups to develop the clinical model. Lothian's Health and Social Care Partnerships have been invited to join both the Programme Board and its sub-groups.

- 3.12 East Lothian IJB will need has agreed to carry out work on behalf of NHS Lothian and the other three Lothian IJBs to consider all options for the development and delivery of community based and clinically safe alternatives to the current suite of unscheduled care services.
- 3.13 This work will provide an assessment of the costs and benefits of alternative approaches to reducing demand within the Emergency Department.

#### **4 ENGAGEMENT**

- 4.1 The changes, which will arise from any proposed improvements to the front door, will be subject to engagement as necessary. At this early stage, the need for such engagement is not indicated.

#### **5 POLICY IMPLICATIONS**

- 5.1 There are no policy implications from the proposed RIE Front Door developments.
- 5.2 The development of community based and delivered alternatives to services in the acute setting is in line with policy to shift the balance of care.

#### **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

#### **7 DIRECTIONS**

- 7.1 This proposal supports Direction:
- D11a – Emergency Admissions

## 8 RESOURCE IMPLICATIONS

- 8.1 Financial – The implications for Front Door developments are to be appraised as part of the Capital Planning process. The East Lothian work on community alternatives to acute-based unscheduled care services will provide costings in due course.
- 8.2 Personnel – Personnel implications have yet to be assessed.
- 8.3 Other – None are expected.

## 9 BACKGROUND PAPERS

- 9.1 None.

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<b>DATE</b>	21 October 2019