

oneAdvanced

CASE STUDY

Greater Manchester Urgent Primary Care Alliance

Clinical Patient Management



Greater Manchester
Urgent Primary Care Alliance



Client

Greater Manchester Urgent Primary Care Alliance

Industry

Health

Project

Consolidation of multiple instances of Adastra, Clinical Patient Management across the GMUPC Alliance to inform best practice, create economies of scale and deliver new innovative ways of working.



Introduction

Uncover how the Greater Manchester Urgent Primary Care Alliance has tailored the Clinical Patient Management solution and integrated it to an unprecedented scale.

The GMUPCA/The Alliance is recognised as a strategic asset to help unlock the development of the Integrated Health Care model across Greater Manchester. By working together at scale across all the localities across greater Manchester this innovative use permits direct booking between urgent, primary, emergency, and secondary care.

Ultimately the focus of the partnership is to improve patient outcomes and enhance the lives of residents of Greater Manchester.

We spoke with Tim Davison, Chief Operating Officer of Greater Manchester Urgent Primary Care Alliance on how and why they use our Adastra, Clinical Patient Management solution. Over the next few pages you will discover his answers to our questions.





When asked, Tim provided the rationale for the formation of The Alliance and why they continued to use Aداstra after the formation.

“The Alliance is an out of hospital alliance of five 24/7 (24 hours, 7 days a week) out of hospital providers in the Greater Manchester area, involving Mastercall, Bardoc and GTD Healthcare, Salford Primary Care Together and Wigan GP Alliance. In some ways the partners co-existed as competitors for several decades, providing similar (i.e. OOHs) and disparate services but in different areas inside of Greater Manchester. In Dec 2018, the founding members joined together (Wigan most recently as an associate member in March 24) to deliver pan GM services at scale as the ‘Alliance’. When the Integrated Urgent Care Specification was released by NHS England in 2017, it talked about bringing providers together for a common skill- that was the impetus document for our formation.

The GMUPCA partners were all legacy users of Aداstra, Clinical Patient Management, with Mastercall previously using Aداstra for over twenty years. The idea was to consolidate all the different instances of Aداstra into one, which was a novel concept for the alliance five years ago.

Doing this afforded benefits for patient care, to inform best practice and generate economies of scale for Greater Manchester and deliver innovation through pulling our general knowledge together.”

What was the issue that prompted the Alliance to look at using Aداstra in a consolidated format?

“Consolidation afforded the Greater Manchester system a common dataset and reporting mechanism. It also permitted a seamless and fully digital patient transfer mechanism across organisations (within and without the Alliance). Having installed Aداstra now at every Hospital in GM and using Aداstra sub modules such as GP Connect, there is a seamless possible end to end patient transfer from emergency care to hospitals via community were appropriate or to primary care (including closure in community). Wider benefits of economy were also fiscal. Seamless patient transfer allows for the avoidance of repetitious patient disclosure and repetitious triage.”



What problems did the introduction of the 111 First initiative present and how did Adastra help solve this?

“The 111 First initiative essentially mandates that urgent treatment centres have to have applicable appointments for 111 and for wider clinical assessment services as well. A lot of urgent treatment centres are based on hospital sites and operate on hospital patient record systems. So our Integrated Care Board decided to install Adastra at every urgent treatment centre and then every emergency department in Greater Manchester, so that 111 could directly book patients in (or ‘herald’ them to ‘arrival times’ where appointments weren’t available i.e. E.D.), and also so that the clinical assessment service (CAS) which takes 999 and 111 calls for clinical triage, could book patients into an appointment. Digital case transfer was really the ambition of 111 First, and since then we have broadened it out to include some wider community and SDEC direct booking with the help of the GM Exec, community providers, NWAS and NHSE.”

“We’ve had over 500,000 direct bookings to-date and it is the single instance of Adastra, one instance across Greater Manchester that is installed, pan GM to afford this”.

“We were also able to configure a DNA queue (did not attend) to safeguard those patients that were inappropriately prevented from attending (i.e. domestic violence). The reason for continuing with our relationship with Adastra is probably threefold; the latter being, we are able to configure our use of Adastra locally, we’re able to receive a log ship of our own data from Adastra regularly, but foremost, it was about our ability to consolidate flow with our wider urgent and emergency care partners.

So, in the Greater Manchester Alliance, were we had our own instances of Adastra there was an opportunity to explore having one common instance with private areas, but also a common area where we could jointly deliver services. We worked with Adastra on how to do that, managed to make that a success and that’s been running for five years, and we jointly deliver three services together as an alliance in that common area and dozens more in the private areas of Adastra that each of our local providers then have private sovereignty over.”



We asked Tim, what are the three main reasons you would suggest AdastrA to other organisations?

He said, **“One, logship of data. Two, configurability. And three, a national supplier partnered with NHSE.”**

- 1. I think for us there are there are two specific features that I haven’t personally found with many other patient record systems. One is that there is a regular log ship of all our data to our own data warehouse so that we can report on it. You know, as frequently as every hour. I think that that’s quite unique and very helpful, specifically for us as we are business intelligence service provider as well. So, we do tend to have other AdastrA users log ship their data to us so that we can provide them with service apps as well and analytics.**
- 2. The other is about configurability. A lot of patient record systems are fully locked down. Now obviously there’s parts of that AdastrA that end users such as ourselves cannot configure, which is acceptable, but there are aspects that we can configure such as case tags, case types, menu items, buttons, commands, that kind of thing that allow us to set up services with little to no lead time, which is great when you need to be an agile service provider.**
- 3. I think lastly, as AdastrA is a national supplier and there is a certain amount of confidence that that affords in it being a national product and being used widely in the whole 111 system, which is a service that is essential. So, there is a certain amount of resilience and reliability that the product will be supported in the event of force majeure and that it would continue to have a significant market share, and therefore hopefully have investment to keep it progressing as a product of calibre.”**





“If we book a patient into an appointment, it starts a clock and if the patient doesn’t arrive in time, it drops back into triage queue for us to safeguard and call that patient. We find that, in the instance of, say, domestic violence, where patients are prevented to attend site that with that follow up call and some sensitive question asking, we’ve managed to prevent some very serious domestic violence cases from progressing further.”

Tim Davison, Chief Operating Officer, explained how the Alliance and OneAdvanced worked together to develop “did not attend” (DNA) timeouts and timings in Adastra, Clinical Patient Management.



What is next?

“I think for us we are looking to continue to roll out that single [Adastra] instance. We have been looking at Odyssey Patient first, which is essentially a digital self-check in/patient triage solution which could be useful for us to address “walk-in” bottle necking of demand and capacity.”





Powering the world of work

Clinical Patient Management, Adastra, provides staff working in emergency care settings with the tools to provide patients with the correct course of treatment, ensuring a seamless clinical handover with all records updated.

Want to know more about Clinical Patient Management?
Contact us or speak to your Account Manager.

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