



## **3A STUDY**

Avoidable Acute Admissions

# Mid-Project Workshop

## *Responses, insights and questions*

The purpose of this report is to capture the flavour of the mid-project AAA workshop held at Reed Hall in Exeter on January 23rd, and in particular to summarise and share some of the important responses, insights and questions which arose during the day.

The aim of the meeting itself was to provide an opportunity for partners to meet; for the researchers to hear different perspectives and to assess changing needs; and for the project to consider priority issues and questions for analysis. The fine detail of the various inputs of the day are fully documented elsewhere; the aim here is to give voice to the responses to these. The report takes a learning perspective; that is, it seeks to illuminate the contributions of the various partners in such a way as to provide a resource for further reflection, conversations and learning.

The people gathered to hear about the project's progress came from a number of different sites and backgrounds, and reflected diverse interests and perspectives. A wide range of stakeholders were present and all have a serious investment in the findings and outcomes of this project. The level of engagement throughout the day was high.

After an introduction to and summary of the study by Professor Jonathan Pinkney there were some initial questions from the group about the scale, scope and ambitions for the project. This was followed by an overview of the four study sites and their models of care by Heather Brant, which took the conversation in a more inquiring direction. Participants were interested in the initial diagrammatic models of care for the four sites, and keen to know how they might be revised in the light of research findings. The detail, the differences and the numbers were all topics of interest.

Dr Susanna Rance then distilled a story drawn from the analysis of a group of senior interviews and the themes emerging out of this aspect of the project. The verisimilitude of the ethnography seemed to open the flood gates of comments, thoughts, ideas and interactions. Participants were eager to learn from preliminary findings and seeing/hearing a sample of the data was enormously engaging. When participants know researchers are not going to betray their confidence they can express their views freely and offer an impressive degree of frankness. There was a sense from some of the provider group of feeling embattled, isolated and under pressure. There was discussion of “life-shortening shifts”, “banging your head against the wall” and of the need to address pay and conditions. Some thought patients need to be managed more in the community - “We can't afford just to keep admitting everyone into an acute bed” - and that there is a need to look back and outwards at the bigger picture.

Earlier in the project the Patient and Public Involvement group had been asked to discuss their perspectives on three case studies presented to them by Dr Rance. Dr Andy Gibson summarised their interpretation of one of these. Responses to the case framed a conversation ranging from the topic of non-emergencies blocking beds and doctors, to the growing cultural norm of “pushing people through unscheduled care”.

Before lunch, Dr Sian Joel-Edgar set up a short mapping exercise for the group to familiarise themselves with some of the principles and steps of Value Stream Mapping or VSM. Participants were asked what value is placed on each of the steps in a patient's pathway at each of the four sites. Groups then gave their own account of their conversations in site groups. From the perspective of the patient group, waiting (which everyone agreed is plentiful) was seen as an investment which could not be assessed in terms of value until the end of the process. From the perspective of clinicians questions were raised about how emergency and community services are connected in the value chain. If people think they are getting authoritative care in A&E then primary care runs the risk of being seen as insufficient.

After lunch, Professor Jonathan Benger gave an overview of current policies and trends in emergency medicine and invited questions and comments. Participants wondered, given the confusing and piecemeal system, whether there is in fact enough head space to even consider the situation in many Emergency Departments. Demand is infinite and the problem

can always be seen as residing elsewhere. It was suggested that we may have reached the limit of bed closures.

The day ended with a panel discussion about critical issues and uncertainties. This included presentations about other emergency admissions studies by Professor Andrew Wilson from the University of Leicester and by Dr Fiona Stevenson from University College London. These brought interesting additional responses regarding patients - “For many an acute bed is the worst place to be,” and junior doctors - “When there’s a consultant in the room, everyone defers to them; juniors have fewer opportunities to learn how to make decisions themselves.”

The final discussion and summing-up was led by Professor Richard Byng who invited participants to help the team test the emerging hypotheses in another workshop similar to the day's event.

Learning starts from not knowing. In such a sensitive and complex study as this, it is valuable to find points in the process where conversations can be stimulated and connections made. It is in these spaces where new, challenging and sometimes inspirational questions can take shape:

- How (and what) are different professionals in emergency services learning from each other under current arrangements? Is this learning greater than the rate of change?
- What are the wider learning opportunities offered by this study and to whom are these opportunities offered?
- Who gets to describe and define the way things are? Who gets to own the change people seek
- Who can best bear witness to the effects that current models are producing?

In searching for evidence, and in defining what counts as evidence, the discipline of asking carefully crafted questions is key to action and to learning. It is important to continue to ask questions which surface and challenge underlying assumptions; and to nurture the art of listening to and understanding what others have to say.