Modelling the Unscheduled Care System for Aneurin Bevan University Health Board

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AIMS & QUESTIONS AROUND UNSCHEDULED CARE (USC)

I. Can we challenge our own perceptions of what is the USC system — and are we able to capture all stakeholders’ perceptions of USC and unite them in a single model? Mutually agreeing to other peoples’ opinions is the first objective.

II. If we sought to come up with a joint qualitative model of USC to understand the mitigating and enhancing feedback effects within the system what would be the method/process for doing so? Pinning this down is the second objective.

III. Once we have developed a joint qualitative model how can we take it from theory to practice? Building a quantitative model yielding a robust Hospital & Social Care Policy Evaluation Tool for health care managers within Aneurin Bevan University Health Board (ABUHB) is the third objective [cf. 4].

PROCESS OF DEVELOPING THE ABUHB USC TOOL

The USC tool in the making for ABUHB results from comparing and merging three different models developed from three different sources: (A) academic literature, (B) patients experience and (C) expert judgment of medical professionals, health board managers and planners, etc. (using soft OR tools to elicit views and structure the problem). For the merged model A+B+C we are ladderding down to an SD model using interim conceptual models to build confidence in A+B+C [5] in a collaboratively building model process [6]. The merged model will be populated using 926,132 records from ABUHB patients.

DATA ANALYTICS INFORMING THE ABUHB USC TOOL

The range of USC provision includes booking of emergency same day GP appointments, NHS Walk-in Centres, Out, NHS Direct and 999 ambulance services, emergency department/hospital treatment but also self-care and the support of patients at their homes.

A structured analysis of the literature identifies the core system entities and the existence and nature of their relationships (Model A). Patient narratives are used to inform a model that integrates the patients’ perspectives and reasons to use the USC system (Model B) [7].

By repetitively running interactive model building workshops with experts from primary, secondary, and social care we collaboratively create Model C [cf. 2, 6].

WHAT CAN WE USE THE ABUHB USC TOOL FOR?

The USC is being designed to be used to answer the following questions, with more uses emerging as the project progresses:

• Where is the current Health & Social Care system set up to fail?

• Who has to be at the table to truly solve an operational problem instead of making it worse or shifting it in time?

• What are useful/counterproductive measures of system performance?

• What are/is/myanaganoknowledge of how the Health & Social Care system works and what are facts?

• What would be the value of an integrated Health & Social Care information system (measured in terms of QALYs or £?)