EARL

Case Study
West Midlands based DGH

Facilitating patient self-referrals to preventative care from ED

Improving Outcomes & Funding

Challenge

The NHS **make every contact count** (MECC) principle, which maximises every patient interaction for health promotion, is **challenging in the Emergency Departments**.

Embedding MECC in emergency care is essential for early risk detection and fostering long-term health improvements. Trusts are **missing out on vast sums of ERF** (Elective Recovery Fund) **funding**, further limiting their ability to invest in preventative initiatives.

EARL's Solution

On arrival to the ED, EARL's **automated patient communication** provides important information about their journey via SMS or WhatsApp, such as triage and waiting times and **collects key health data** (e.g., Audit-C scores, smoking status). If the data indicates eligibility, EARL **offers, and then completes the referral,** on the patient's behalf — even before an ED clinician sees the patient.

EARL equips receiving teams with intuitive clinic tools to **efficiently handle increased referrals without additional workload.**

Expected Outcomes (per year)

1. **2,000+ additional referrals** to preventative care
2. **£474,960** increase in ERF funding
3. Compliance with NHS reporting standards
4. Enhanced patient experience and satisfaction

Based on monthly attendances of 9091 and response rate of 16%

PDSA 1 Overview

(PDSA = Plan, Do, Study, Act. Part of NHS service improvement)

- **Patient Attendances:** 9091 per month, with approximately 850 responses (9%).
- **Data Provided:** 750 patients submitted relevant data but did not meet referral criteria.
- **Smoking Cessation:** 130 patients (15% of responses) were eligible; 50 (38%) accepted a referral, while 80 (62%) declined.
- **Alcohol Care:** 80 patients (10% of responses) were eligible; 30 (37%) accepted a referral, while 50 (63%) declined.

Nov 2024 → Feb 2025

ERF Funding Calculations

- **Smoking Cessation:**
  - £241 per referral
  - 80 referrals/month (960/year)
  - Generates £12,050/month, £144,600/year
- **Alcohol Care:**
  - £258 per referral
  - 30 referrals/month (360/year)
  - Generates £7,740/month, £92,880/year
- **Total Funding (PDSA 1):**
  - Pro-rata annual total: £237,480 (at 9% response rate)
  - With a 16% response rate (expected with PDSA 2), expected annual funding would reach approximately £475,000

Implementation

- **Implemented in < 60 days**
- **Zero cost** implementation
- **Zero implementation burden** for trusts
- **Fully Managed** project, led by EARL
- **Simple**, full interconnectivity with EPR
- Can be implemented as standalone service or alongside the EARL Core or EARL Clinic services for additional functionality

Clinician feedback

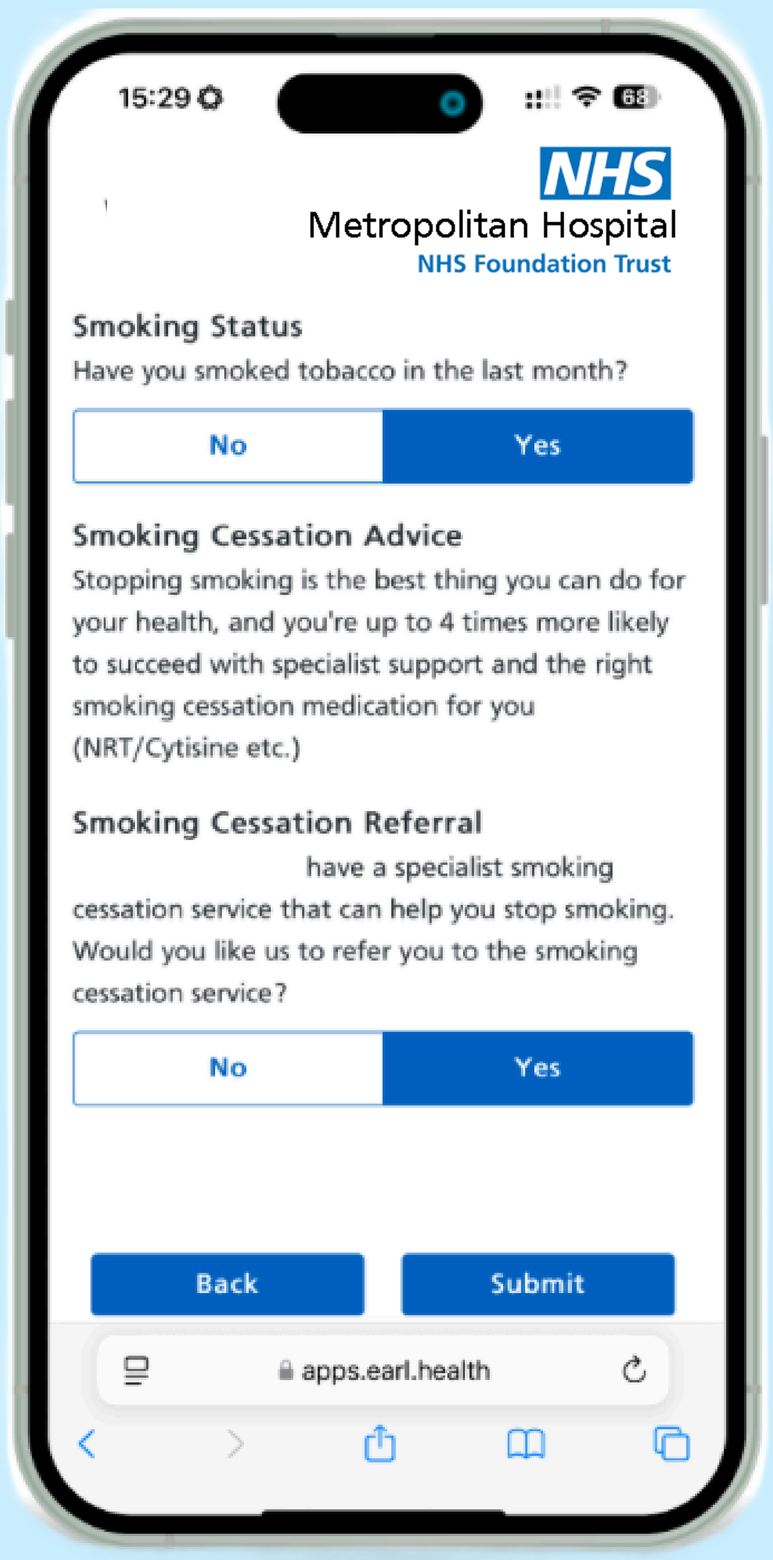
Alison Yates, Tobacco Dependancy Lead

EARL's SMS self-referral tool has significantly boosted referrals to our service, and their clinic tool streamlines the process of onwardly referring patients to Local Authority-funded smoking cessation services so efficiently that I can complete onward referrals in just 8 seconds!

Jessica Bas, Clinical Nurse Specialist, Alcohol Care Team

Earl's SMS self-referral tool has increased the number of referrals the alcohol care team receive and is allowing us to reach more patients, along with achieving additional ERF funding. Earl is very easy to use and has developed the service immensely.

Trust Branded User Interface for Patients



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