

Bleepa in Northern Care Alliance NHS Foundation Trust Evaluation

Context

Paper-based patient referrals can result in delays due to additional administrative burden and the time taken to communicate with other staff members to receive further information.

Bleepa is an application that allows staff members to communicate and complete inpatient referrals. A review of Bleepa was conducted in the Respiratory specialty at Royal Oldham Hospital (ROH), which identified that the clinical response time was 0.4 days with Bleepa and 2.1 days without Bleepa (Beattie, 2020).

The current evaluation examined the impact of Bleepa at a hospital level within ROH and Fairfield General Hospital (FGH), at a trust level within

Northern Care Alliance NHS Foundation Trust (NCA), and an Integrated Care Board (ICB) level within NHS Greater Manchester ICB.

Bleepa users could 'accept' the patient referral into the referral specialty destination using Bleepa. When the patient was ready to be discharged, users could 'release' the patient referral using Bleepa.

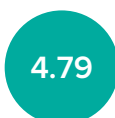
Feedback Medical commissioned Unity Insights to conduct a real-world evaluation of the impact of Bleepa at a hospital, trust, and ICB level.

Quantitative insights

Bleepa referral data from July 2021 to April 2023 was analysed. The current evaluation examined data from from ROH Respiratory, ROH Cardiology, ROH Gastroenterology, and FGH Gastroenterology.

The average duration from submission to review was 0.55 days, compared to Beattie (2020), which was 2.1 days.

The average number of referrals per month increased from 427 in 2021/22 to 472 in 2022/23. It is likely this is due to staff becoming more familiar with using Bleepa so used Bleepa more frequently to complete referrals.



messages exchanged on average per referral



days faster clinical response time across all specialties and hospitals



Most referrals were submitted on weekdays

Forecast modelling insights

The net benefit (scenario 1) and net present value (NPV; scenario 2 and 3) due to using Bleepa were identified in the following benefit streams:

- Time saved whilst submitting referrals when using Bleepa, compared to previous referral methods
- Time saved due to efficient messaging when using Bleepa, compared to previous referral methods
- Reduced length of stay (LoS) due to using Bleepa, compared to previous referral methods

All benefit streams were considered non-cash releasing benefits.

Scenario 1: NCA NHS Foundation Trust retrospective analysis 2021/22 to 2022/23



£359k

Net benefit

2.7

Benefit-cost ratio

Scenario 2: NCA NHS Foundation Trust five-year NPV 2023/24 to 2027/28



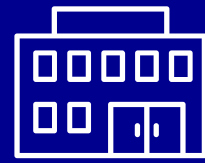
£819k

Net present value

2.5

Benefit-cost ratio

Scenario 3: NHS Greater Manchester ICB five-year NPV 2023/24 to 2027/28



£7.7m

Net present value

2.8

Benefit-cost ratio

Qualitative insights

Surveys and interviews were conducted with staff members. There were 48 survey respondents and 4 interviewees who all used Bleepa.

76%

of staff identified time savings through using Bleepa compared to previous referral methods.

The 'accept' and 'release' features of Bleepa had variations in use across specialties and staff members.

88%

of staff noted Bleepa was easy to use.

80%

of staff identified an improvement in staff communication compared to previous referral methods.

Some staff submitted referrals at the weekend to manage their caseload, whilst others waited until Monday when specialty staff were available to review the referral.

"[Bleepa] is significantly more efficient than [the] previous system of emails and paper trails"

Interviewee who submitted and received referrals using Bleepa

Limitations



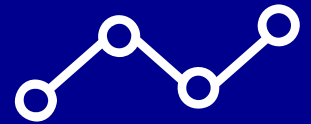
Specialty-specific feedback

The surveys could not gain insight into specialties examined in the current evaluation due to a small sample size.



Baseline data

Previous literature and survey feedback had to be used as a baseline because the time taken to complete referrals was unable to be measured.

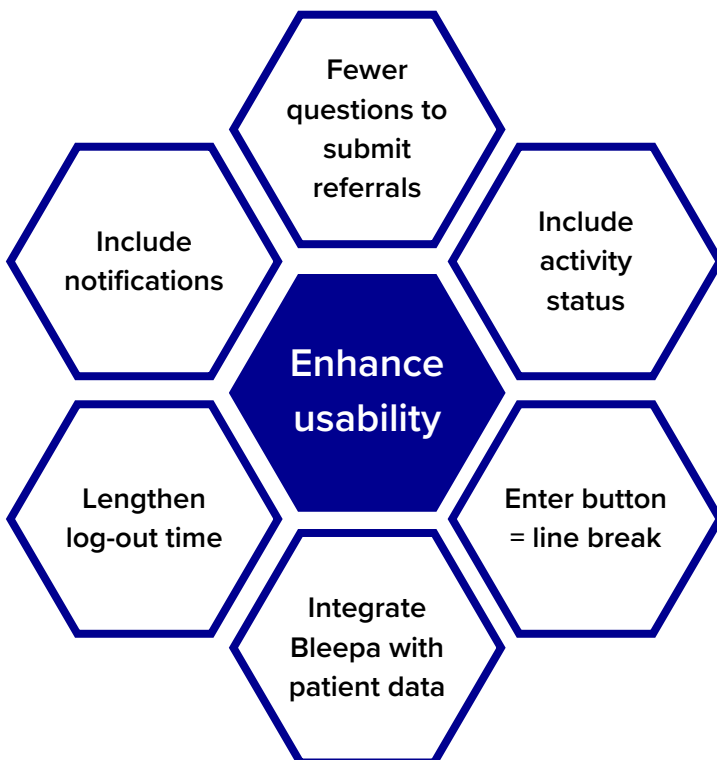


Unavailable metrics

Some metrics could not be collected from quantitative data, such as staff job roles. A high optimism bias correction was applied due to this uncertainty.

Recommendations

The following recommendations are suggested to improve Bleepa:

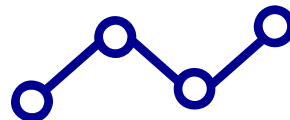


Optimise Bleepa usage

To ensure optimal use of Bleepa within each specialty and hospital.

Collect more metrics on Bleepa

Such as linking staff IDs to their hospital and specialty, and including the origin hospital and specialty of the patient referral.



Obtain a suitable baseline comparator

To identify more accurate figures and create more reliable insights into the effectiveness and value of Bleepa.



Conclusion

Overall, use of Bleepa can lead to benefits for staff, patients, and the wider system. The Feedback Medical team should aim to standardise the training process by working with hospitals to tailor Bleepa usage to each specialty, ensuring effective use. Once established, staff communication and satisfaction could improve, with inpatients seemingly having a shorter LoS and lead to NHS non-cash releasing savings for the trust or ICB.