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A new model of care: promoting independence and effective outcomes

Mr Marcus Warnes, Chief Operating Officer

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What is the Scrutiny Committee being asked to do, and why?

- NHS Stoke-on-Trent and North Staffordshire CCGs are considering how they commission (buy) community based services for patients who are currently admitted to a hospital bed.
- Our aim is to integrate care services to connect people with the care they need, when they need it.
- The proposal is for more community based support for individuals in their own home or closer to home, when they are ready for this, which will result in a reduced need for community bed based services.
- This is in line with clinical best practice and a growing research base on clinical effectiveness towards a shift from a focus on beds to a focus on services, tailored to the individual circumstances of each patient, improving choice and control over their daily lives, their personal care and dignity.
- The vision is to develop a "step down" model of care, which sees the patients journey from the point of admission to discharge supporting less transfers of care between multiple organisations which will result in a reduction in delays.
- We will develop a "step up" model, which will see a diagnostic and assessment centre within the community and a continued increase in easily accessible home based services within the community, improving quality of care for all patients.
- We seek to assure the OSC that our plans align with the local populations' expectations and needs for health care. We have undertaken significant modelling work and engagement with key stakeholders to ensure that we are addressing both need and expectation.
- The CCGs wish to seek the views of the Committee in undertaking it's duties in respect of entering a consultation on change in service provision.

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The vision for the CCGs

- Services at home OR closer to home:
- Based on clinical evidence and best practice.
- Reduction in the number of assessments and subsequent delays that this incurs.
- A change of focus from bed base to community services which will ultimately lead to a reduction in bed base
- The local health economy is a “distressed economy” and will continue to be if we do the same things the same way as we have always done.
- Therefore: we need to look at alternative ways to deliver health care and this model seeks to do that.

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CCG expectations

- That the acute trust will retain all patients who access its services until the point of discharge, and that patients will receive care under one consultant ensuring a consistent approach to their management of care
- People will be able to access care closer to home and will when clinically appropriate have their needs met within their own home by a team of clinicians who will have an integrated approach to their care
- The GP will be key to the co-ordination and access of services ---- consistency and the fact majority of care is provided by GPs
- The Acute Trust will take ownership of the patient care pathway to completion, reducing the number of assessments and reducing the length of hospital stay.
- GPs are the key to a number of services and by improving access and availability within the community to diagnostics, intermediate care and community hospital beds directly this will assist in keeping people closer to home.
- It is recognised that the GP is most likely to be the consistent professional for the majority of people (more than 75% of health care is provided by GPs) and therefore the most likely to recognise changes in people's health earlier.
- Early diagnosis, assessment and care planning reduces the requirement for crisis intervention and the need to have protracted periods of care.
- There is a significant amount of change management we need to get right in order to take this model forward.

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The context of the proposal

- Northern Staffordshire's use of community bed based services is very different from similar areas within the country, with many having no or few commissioned community beds.

- A number of external expert reports have recognised that in North Staffordshire, we have an over-reliance upon beds with a system which regards hospital as the safest place for individuals to recover from an acute event.

- Clinical evidence does not support this view and suggests that there is a significant relationship between the amount of time spent in hospital and deterioration in the ability of patients to carry out normal daily activities.

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Evidence

- **48% of people over 85 die within one year of hospital admission** (Imminence of death among hospital inpatients: Prevalent cohort study : David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Carnon and Christopher Isles, published online 17 March 2014 *Palliat Med)*

- **43% increase in mortality at 10 days after admission through a crowded A&E** (Richardson DB. Increase in patient mortality at 10 days associated with emergency department overcrowding. Med J ust2006;184:213-6)

- **10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80.** (Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older adults. J Gerontol A Biol Sci Med Sci. 2008;63:1076–1081)

- **Most studies suggest that admissions can be avoided in 20-30% of >75 year old frail persons** : "Avoiding admissions in this group of older people depended on high quality decision making around the time of admission, either by GPs or hospital doctors. Crucially it also depended on sufficient appropriate capacity in alternative community services (notably intermediate care) so that a person's needs can be met outside hospital, so avoiding 'defaulting' into acute beds as the only solution to problems in the community" (Mytton et al. British Journal of Healthcare Management 2012 Vol. 18 No 11)

- There is a **relationship between the amount of time spent in bed rest and the magnitude of functional decline** in instrumental activities of daily living, mobility, physical activity, and social activity. Gill et al (2004).

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Evidence

- *Consistently* prioritising discharge activities can significantly reduce length of stay in elective or emergency clinical care pathways.
- Prioritising discharge activities only when beds are full may have little impact on patient throughput or average length of stay.
- Increasing beds may increase length of stay with no benefit to patient throughput.

Simulation of patient flows in A&E and elective surgery Discharge Priority: reducing length of stay and bed occupancy Michael Allen, Mathew Cooke & Steve Thornton, Clinical Systems Improvement 2010

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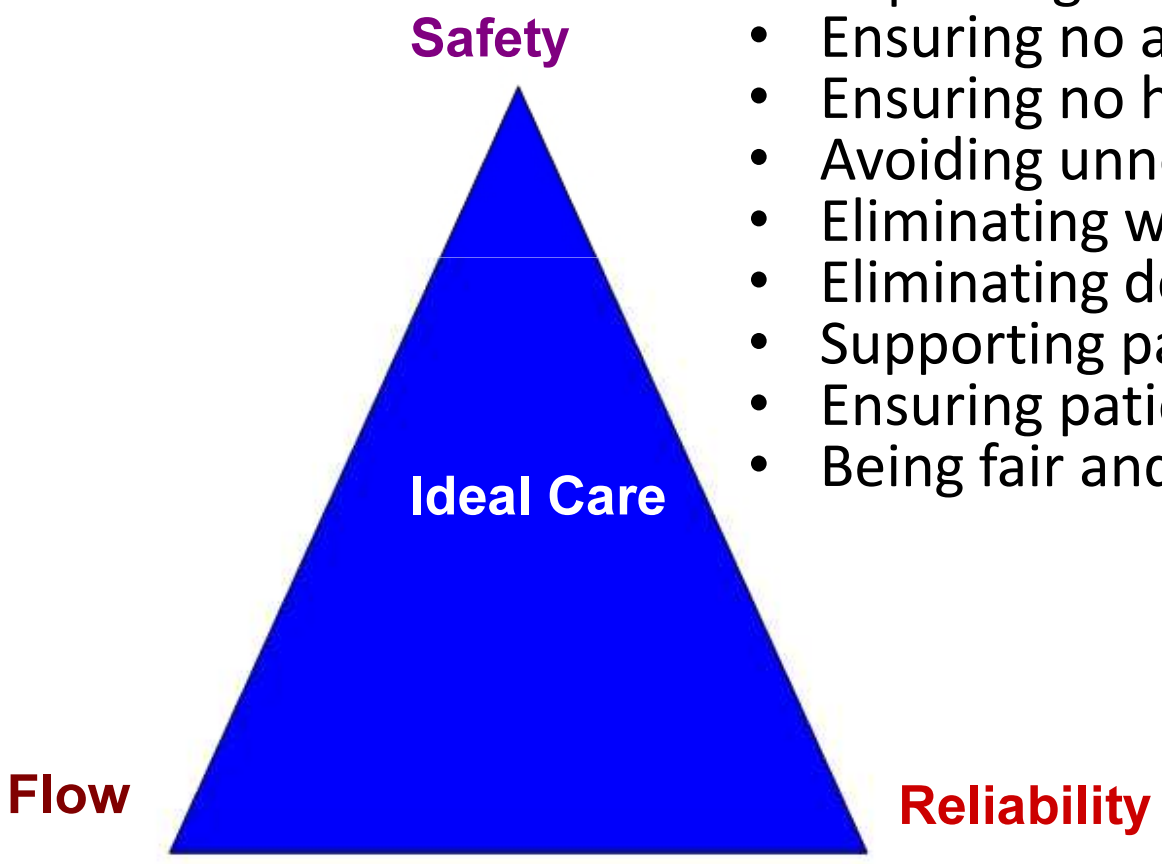
What are we trying to achieve?



- Helping patients get better, faster and safer
- Improving outcomes
- Ensuring no avoidable deaths
- Ensuring no harm
- Avoiding unnecessary pain
- Eliminating waste
- Eliminating delays
- Supporting patients
- Ensuring patients don’t feel helpless
- Being fair and ensuring equality

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Culture of bed based pathways

Beliefs and behaviours

- Bed = ‘safe’ care
- Bed = what patients expect
- Bed = what families ask for

The challenge back

- Who sets the tone ?
- What would professionals want for themselves or their family ?
- Rights of people with capacity to take risks and live their lives the way they have and want to?

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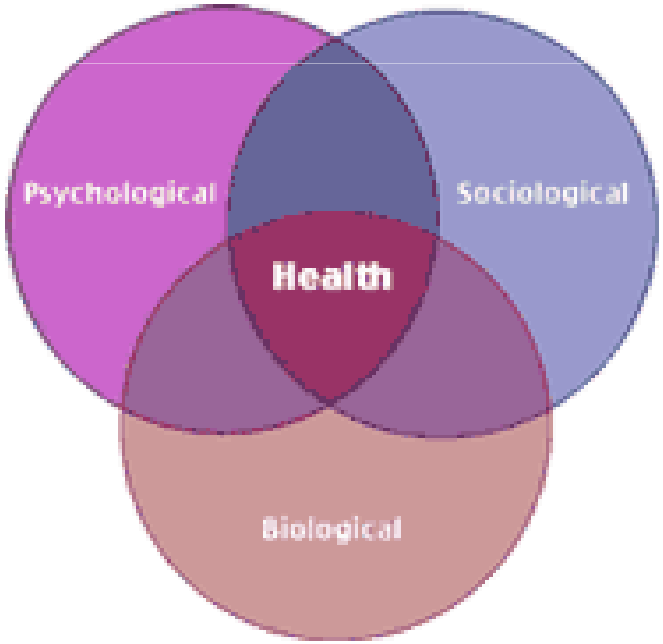
Adopting the Patient's Perspective

- Hospital ward not the best place for rehabilitation patients:
  - they don't understand what is happening
  - they feel out of control
  - they are making life changing decisions out of context
  - they need time in context to plan and consider
- The best place to understand how someone will improve their independence and confidence is in their own kitchen, bathroom or bedroom is in their home

How older people define wellbeing..

- Control over daily life
- Personal care and appearance
- Food and drink
- Accommodation – including garden(cleanliness and comfort)
- Personal safety
- Social participation
- Occupation/activity
- Dignity (in care) once you *are* acutely ill or dependent on care

There are wider determinants of health and wellbeing with the potential for multiple disadvantages



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Improving Care for Older People

- 'Choose to admit' only those frail older people who have evidence of underlying life-threatening illness or need for surgery – they should be admitted, as an emergency, to an acute bed
- Provide early access to assessment, ideally within the first 24 hours, to set up the right clinical management plan
- 'Discharge to assess' as soon as the acute episode is complete, in order to plan post-acute care in the person's own home. This is the basis of the step down model and the system we will be commissioning.
- Provide comprehensive assessment and re-ablement during post-acute care to determine and reduce long term care needs
- One person – main point of contact and assessment with input from others if needed – inter professional working not just parallel MDT approach

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Passing the Power to the patient

- Rehabilitation = Maximum independence
- Independence = Choice and Control over our lives, independence of mind
- Rehabilitation is not all about mobility and physical function
- To give independence we have to listen to what is important to the person, standard assessments have a tendency to focus on what is important to us

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Care at home keeps Jim out of hospital

http://www.staffordshireandstokeontrent.nhs.uk/Service-Showcase/care-at-home-keeps-jim-out-of-hospital.htm

A New Lease of Life for Florence following support from Intermediate Care

Florence Mills lived an active life with her daughter in the Staffordshire Moorlands but following a stay in hospital due to an infection, she found it difficult to have the confidence to carry out everyday tasks for herself.

Unfortunately Florence, 94, did not settle back into home easily and her family had begun to consider respite care to help. Leek Community Intervention Service visited in the mornings and evenings for just over a week to give Florence a little support to get back to walking independently, washing and dressing herself again and to make sure she was confident

http://www.staffordshireandstokeontrent.nhs.uk/Service-Showcase/a-new-lease-of-life-for-florence-following-support-from-intermediate-care.htm

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Feedback from family and carers

"We had been through a rough few months with frequent visits to hospital …You feel quite helpless. I didn't want him in hospital but we needed help too."

"Mum is more comfortable in her own environment and they know exactly how to help people at home and prevent things from getting worse. The team really made time for mum, it was such personal care and they saw things from our point of view. They were so gentle and gave the whole family such confidence again."

Within just a week of the team coming, mum had a renewed confidence. Staying in hospital and coming home had been a very stressful experience now, thanks to the Intermediate Care Team, I think she is more of full of life than before she was ill."

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Outcomes

- Improved health, social and personal outcomes
- Minimise loss of confidence and institutionalisation
- Home with support in place to meet short term needs and assess long term
  - Person can make an informed choice about what they think is best for them
  - Reduction in wasted days in hospital
- Reablement approach supports maintenance of independence – choice and control
  - Reduction in care home placements
- Reduced occupied acute inpatient beds & ED crowding

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Engagement

- Over the last 3 years many engagement exercises have taken place on long term conditions intermediate care as well as the Call to Action activities at both of the CCGs, maybe a link to the websites.

- The CCGs also monitor patient and carer feedback in real time via a database that collates patient experience, clinical effectiveness and safety data the main themes and trends

  - Coordination of discharge
  - Clear communication about the next steps on discharge
  - Join up between primary and secondary care
  - Need to have care closer to home
  - Patients not wanting to be in the acute hospital
  - Focus on getting the right support packages in place to support discharge to home

- This feedback from patients and carers has been used to shape our proposals and we will continue to monitor patient feedback to ensure that we are listening and responding in real time.

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You said, We listened...We did.

You wanted...
- Care closer to home
- Local integration / joined up care
- Right person at the right time – more personal approach
- Someone taking ownership of a patient's journey

We listened and...

"The Hub is one of our flagship programmes," says Hanley-based GP, Dr Steve Fawcett, the CCG's Lead for Acute Care. "It's a call centre used by medical professionals and staffed by a range of clinical experts – to determine the best and most effective pathway for their patients' specific needs, using up-to-date information on availability and capacity in the local system to guide the decision on when and where to refer patients."

"It's already considerably eased pressure on our local hospitals, reducing unnecessary admissions. It allows patients to be treated in their own homes where possible and ensures they receive the care they need, from the right person at a time and place that suits them."

You wanted...
- To assure the patient that support would be there when at home
- More hospital at home type services

We listened and...

"This year we extended Hospital at Home to include a paediatric service for children under 19 with minor illnesses and some long term conditions.

"The service runs at peak times alongside out of hours GP services," said Dr Fawcett. "Offering dedicated advice and help – such as intravenous antibiotics and wound care – supporting anxious parents who might otherwise take their child to A&E."

You wanted...
- More investment in nurses in the community
- More nurses in the community
- Recruitment of more district nurses

We listened and...

CCG Nurse Board Member, Jan Warren, says: "This year we have introduced extra district nurses in our local primary care team.

"They will play a vital role, visiting patients in their own homes and providing care and support for families and carers, keeping the people of Stoke-on-Trent well and out of hospital.

"Additionally, district nurses are pivotal in ensuring on the occasions where patients are admitted to hospital, they are able to return to their own homes as soon as medically possible."

You wanted...
- Integrated / improved assessment
- Someone taking ownership of a patient's journey

We listened and...

"Additionally we have launched eight new integrated local care teams this year, representing an investment of an extra £600,000 in community nursing levels and helping better support people to live independently.

"These teams of health and social care professionals have been established to share information where appropriate and support best practice standards in care, in line with the specific needs of our patient population in Stoke-on-Trent.

"They will drive forward new and innovative ways of working and develop new systems of care for the people of Stoke-on-Trent streamlining services and making them straightforward and easier to access and understand for patients."

You wanted...
- To involve patients more, work with them to develop new service
- To monitor user feedback
- Greater patient involvement at all levels
- To collect more patient experiences

We listened and...

"The Maternity Service Liaison Committee directly involves people who have already used the service in shaping the future of maternity care in Stoke-on-Trent," said Mrs Warren.

"People who sit on the committee have called the experience 'very positive' and it is already providing a way for patients and their families to better understand the way the NHS works and ensure their views are being heard."

We listened and...

The CCG introduced Datix patient safety software. The web-based technology creates a comprehensive picture of patient feedback and helps providers and commissioners respond more directly and immediately to the needs of their patient population.

Dr Bartlam said: "Datix has allowed us to approach adverse event reporting, complaint handling and all other types of patient experience feedback in an all-encompassing and effective manner to help shape the future of health services in Stoke-on-Trent."

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Engagement

- Briefings to all stakeholders
- Press releases and media engagement
- An online survey
- A number of public meetings which will focus upon listening to staff and patient views regarding the proposed model
- Engagement with local groups and individuals
- Engagement with Healthwatch and Patient Congress
- Representations from stakeholders
- Review of the evidence
- OSC engagement

"The CCG initiated an engagement process to consider the views and experiences of patients and understand the potential impact of the proposed service changes"

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Engagement

- We have been sharing our plans with voluntary groups and key local organisations
- We're also holding drop in sessions across the area – at each of the community hospitals in the area.
- If you would like us to attend a community group to explain the plans in more detail, please contact us
- We are taking calls over the phone from people who want to tell us their views on the plans and about their own experiences of returning home and rehabilitating after a stay in hospital.
- You can call **01782 298192** and tell us what you think or even just request a paper copy of our survey .
- You can complete the survey online by visiting www.surveymonkey.com/s/QTG7Q95.
- If you want to give us your thoughts over email, you can use newmodelofcare@staffordshirecss.nhs.uk
- We will be holding drop in sessions at:

Venue	Date	Time
University Hospital of North Midlands	24th February	11.00am - 12.30pm
Bradwell Hospital	24th February	12.45pm - 2.15pm
Haywood Hospital	27th February	2.00pm - 4.00pm
Leek Hospital	4th March	12.00 noon - 2.00pm
Cheadle Hospital	11th March	1.00pm - 3.00pm
Moat House	TBC	

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Next steps

- Receive views from Staffordshire Moorlands District OSC
- Receive views from Newcastle under Lyme Health and Wellbeing Scrutiny Committee (24/09/14)
- Analyse representations and engagement feedback
- Recommendations and feedback will be considered at the CCGs Commissioning, Finance and Performance Committee