NHS
Buckinghamshire and Oxfordshire Cluster

Whole System Pilot
South West Locality (Abingdon & Vale)

Update for Oxfordshire Joint Health Overview and Scrutiny Committee
Thursday 7 July 2011

1. Introduction

This report provides an update on the Whole Systems Pilot to provide increased local urgent health and social care for adults.

It sets out the implementation to date; impact of the pilot; patient and staff views; areas of work in progress; as well as future plans for the pilot, and its roll-out across Oxfordshire.

The Health and Overview Scrutiny Committee is asked to note the contents of this report.

2. Context

Whilst funding for the NHS will increase in the next three years, it will increase at a slower rate than previous years. The impact of this is that the NHS in Oxfordshire faces a financial challenge of finding efficiencies of £200m over the next 4 years if it is going to continue to meet the demand for its services within tightening budgets.

Society is changing so health and social care systems need to change to respond to rising demand from an increasing older population, patient expectations and advances in technology and medicines. The challenge is to maintain and improve the quality of care for all patients within the finite resources available. We are doing this in a number of ways:

- improving productivity within the NHS locally, so doing the same but more efficiently and using staff to maximum effect
- through system transformation - changing the way that healthcare is delivered, for example, providing more care in the community to stop hospital admissions and supporting people to look after themselves better
- reviewing clinical evidence and ensuring patients are offered the most clinically appropriate treatments and stopping the provision of ineffective treatments

All NHS organisations in the county along with the Local Authority are working together to address this.

3. The South West Oxfordshire Whole Systems Pilot (Abingdon & Vale)

Within this work a proposal for a 'Whole System Pilot' has been developed which is testing a new health and social care model of urgent care that aims to provide care closer to home for patients who might otherwise have gone to hospital. The pilot provides services for adults within the pilot area.

The aims of the pilot are to –

- improve co-ordination across health and social care services to provide high quality, responsive and timely access to urgent care services when needed – in and out of hours

- provide assessment, diagnosis and care to be provided in or very near to the patient's own home wherever clinically appropriate (to reduce admission to acute hospital, when clinically appropriate)

- facilitate prompt supported discharge from acute hospital (when an acute admission has been necessary)

- support patients in maintaining their independence and links with everyday activities and contacts with friends / family

The pilot is made up of a number of health and social urgent care services working together. Some of these – such as Hospital@Home, and the Emergency Multi-disciplinary Unit at Abingdon Community hospital – are new. Others, (such as ambulance services and social care & therapy support for people to help them live independently after an illness - Reablement), are existing services working differently within the pilot.

A key part of the pilot is improving the co-ordination of all services involved to improve services' response times, the patient's experience of urgent care, and thus enable more people to have urgent care treatment in, or very close to their home, when clinically appropriate.

A list of all the services currently involved in the Whole Systems Pilot can be found in Appendix One.

4. Impact

The development of the pilot has been incremental, with ongoing expansion to GP practices (and their population) included in the pilot, as well as the range and scope of care and treatment that can be provided within the pilot.

At the end of April 2011, there were 7 GP practices within the pilot (representing population of approximately 127,000).During the period 1st November 2010 – 31st March 2011, the pilot has treated 620 patients.

Although all adults in the pilot area are eligible for this increased local urgent care, the whole systems pilot has treated mostly people over the age of 65.

An independent evaluation indicated that the pilot has had some impact on acute hospital admission rates, as outlined below –

	Key Performance Indicators	**Pilot Area** *(compared to same period in 2009-10)*	**Rest of Oxfordshire** *(compared to same period in 2009-10)*
1	Number of admissions to acute hospitals	-6.33%	-0.34%
2	Number of excess bed days in acute settings	-34%	+0.3%
3	Cost of emergency hospital admissions	-8.1%	-3.9%

5. Patient and Staff Consultation on the Whole Systems Pilot

5.1 Initial Patient Engagement

As part of the development of the whole systems pilot, local engagement was undertaken to understand people's views and concerns about the piloted change to how services are delivered, and what it might mean for patients, and their families.

During the engagement process we undertook the following activities:

- A briefing was sent out to all the local stakeholders
- A press release was sent out locally
- An engagement questionnaire was launched
- Meetings were arranged with local groups
- In depth interviews were conducted with local people

Over 200 people were contacted about the consultation. The overall views expressed were-

- Strong preference for being able to access local urgent care services

- Respondents also told us they were happy for their information to be shared when necessary and that GP practices offering follow up care to patients with long term conditions was important to them.

Other issues raised included -

- Transport issues - bus routing but also parking and rush hour traffic were raised in terms of accessing assessment at Abingdon Community Hospital (rather than at the John Radcliffe)

- Joined up working, especially about the way social care would be part of the pilot

- The needs of people with long term conditions were also raised – both in terms of the care they receive in hospital and also in the context of how social care manages their long term need to make use of services

5.2 Patient and Carer Feedback; Experience of the Pilot

Patients and carers who have accessed the local urgent care provided within the whole systems pilot have given positive feedback on their experiences of care, as evidenced by the comments below –

"Thanks very much for seeing XXXX today. I know he's very impressed with your service (as are we!)"

"The Hospital@Home nurses who attended XXX grasped the situation straight away, and acted with great professionalism and sensitivity. Without your intervention we would have been alone and feeling hardly able to cope with the situation…We know the Hospital@Home is a new service and from our experience we know it works…"

5.3 Staff Engagement

To support the development of the pilot, a staff survey and in-depth interviews were undertaken in February 2011 to seek views of staff involved in delivering the pilot on their experiences; progress to date; issues to be addressed.

A total of 21 health and social care professionals responded (out of approximately 40 professionals actively involved in the delivery of the pilot). 61% of respondents felt the pilot was delivering its objectives, with a further 30% expressing the view that the pilot was partially delivering its objectives.

An example of the feedback is as below –

"The service has established good working relationships with local GPs. The provision of a same day comprehensive assessment for elderly patients has worked very well in preventing admissions to the acute medical take - there are clear examples of this almost every day. The presence of a dedicated social worker and therapy team who are able to provide immediate assessment and input has been the key to early discharges. In 5 years working both in primary and secondary care in Oxford, I have never come across a service that provided these things in such a timely manner."

However, staff also identified a number of areas for further development. These can be summarised as –

- Capacity in Hospital@Home and Reablement (social care and therapy intervention to support people back to independent living in their own homes)

- EMU operates Monday – Friday in "office hours" only (gap in co-ordination of community assessment / intervention during out of hours provision)

- Assessment & treatment information getting to the GP practice within 24 hours of discharge (initially within 72 hours of discharge, as per the national NHS requirement)

6. Work in progress

A number of actions have been successfully implemented to address issues raised by patients and staff. These include –

- Provision of dedicated patient transport vehicle to transport patients to and from the EMU (if necessary, and as clinically appropriate)
- A copy of the patient treatment plan is held by the patient, so can be accessed by all health and social care professionals involved in their care
- Expansion of the Hospital@Home service
- Alignment of the Hospital@Home service with the GP Out of Hours service to maximise impact during the evening and weekend period

A number of actions are currently in progress to address the issues identified by patients and staff. These include -

- County-wide actions to reduce patients waiting for long term social care – this will free up capacity in Reablement services, and thus enable more patients to be cared for quickly and locally
- Actions to better co-ordinate community health and social care assessment and intervention to help support patients in their own home during the overnight and weekend period (thus reducing the need for acute hospital admission where clinically appropriate)
- Improved and simplified referral into, and use of End of Life Care services
- Improved link from urgent care services to long term conditions management support, such as case management and self-care education
- Increased support to Care Homes to enable them to care for more patients who are unwell but do not need an admission to acute hospital

The pilot is also incrementally expanding its coverage of GP practices, with 4 additional practices now beginning to take part in the whole systems pilot.

A monthly joint review is held, where all clinical and social care leads review the effectiveness and impact of the pilot, and agree actions to improve any issues identified.

7. Interim conclusions

It would appear that this pilot is currently partially meeting its objectives, and this is translating into a limited reduction in the number of acute admissions, and patient length of stay in acute hospital for the pilot adult population.

However, there are a number of areas where service provision can be expanded, particularly

- during the out of hours period, and
- in ensuring that this locality urgent care pathway effectively and simply links up to proactive services to support patients with long term condition(s), and / or who are in the last year of life.

Professional and clinical leads of those services within the pilot are keen to further develop and refine the services delivered within the pilot, to maximise the number of people who can access urgent care in, or very near their home.

The pilot is planned to run for the duration of 2011/12, with a further formal evaluation towards the end of 2011 of the impact of the pilot.

8. Next Steps

There has been significant learning from the South West Oxfordshire Whole Systems Pilot in how to better co-ordinate urgent health and social care services to improve patient experience, provide local alternatives to acute admission (where clinically appropriate), and maximise effectiveness of all services. This learning is in the process of being applied across Oxfordshire. This includes –

- The development of existing urgent care services (in and out of hours, in both health and social care) to provide a locality integrated care pathway in the north of Oxfordshire (using the Horton District General Hospital for acute input). The aim is for this to be in place in the autumn of 2011

- The roll out of Hospital@Home across the county during 2011/12

- Incorporation of local urgent care pathways into the plans to implement the Single Point of Contact for Urgent Care (111 number) in line with Department of Health requirements

Appendix One: List of Services Currently Part of the South West Oxfordshire Whole Systems Pilot

Service Name	Service Function within Pilot
Abingdon & Vale GP practices	• Refer patients to the EMU, as clinically appropriate • Liaise with clinical teams providing local urgent care • Provide ongoing primary care to patient
Emergency Multi-disciplinary Unit (EMU)	• Multi-disciplinary team consisting of geratology consultants, GPs, nurses, therapists, social care professionals • Based at Abingdon Community Hospital • Provides holistic assessment of patients who are unwell, and may need hospital admission (within 4 hours of referral) • Co-ordinates and supports delivery of treatment (day case, short admission to Abingdon Community Hospital, or treatment at home from a combination of health and social care services, as clinically appropriate) • Supports prompt discharge from acute hospital admission, if this has been necessary
Hospital@Home	• Seven day a week service (within 4 hours of referral) • Provides urgent nursing care for people in their own home for people who are unwell
Out-patient Rehabilitation	• Provided at the Well-being Centre in Abingdon • Combination of therapy (physiotherapy, occupational therapy) to provide rehabilitation to people following admission to acute or local community hospitals
Reablement	• Provides support to people in their own home to regain their skills and confidence in the activities of daily living following acute or community hospital admission • Seven day a week service
Abingdon Community Hospital	• Provides short term in-patient admissions • Access to X-ray
Adult Social Care	• Provides assessment of social care needs for people referred to the EMU • Co-ordinates delivery of social care support to help people stay at home, or return home from hospital, following illness
Ambulance Services	• Ambulances will bring 999 patients to the EMU (rather than the John Radcliffe) if this is clinically appropriate
Patient Transport Service	• Dedicated patient transport vehicle to transport patients referred by their GP to and from EMU if necessary and clinically appropriate
GP Out of Hours Service	• Provides out of hours urgent primary care, including out of hours medical support to Hospital@Home