BUCKINGHAMSHIRE COUNTY COUNCIL

Response to Buckinghamshire Healthcare NHS Trust on Developing Care in the Community

Prepared by Members of the Health & Adult Social Care Select Committee Task & Finish Group

October 2017

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Background

Buckinghamshire Healthcare NHS Trust (BHT) presented its proposal for a 6 month pilot around "Developing Care in the Community" to the Health & Adult Social Care Select Committee (HASC) in February 2017.

At the HASC Select Committee meeting in September 2017, BHT attended to present the 6 month findings of the pilot and to propose extending the pilot for a further 6 months so that the service could run over the winter months. This would also allow more services to be introduced into the hubs. The HASC supported the reasons to extend the pilot so BHT will be reporting the full 12 month findings of the pilot in March/April 2017 (meeting date to be agreed).

Committee Members agreed to set-up a Task & Finish Group (T&F Group) to review the findings of the 6 month pilot and to make suggestions and recommendations for BHT to consider in advance of the final report. The Task & Finish Group met on 4th October 2017 and this paper sets out the key areas highlighted by the Group and areas of recommendation.

National context

The report presented to the Committee in February stated that there are three main influences that challenge the way health and care services are provided across the country.

- **Clinical evidence**: according to a report by Monitor (Care Closer to Home, Department of Health, September 2015) as many as 50% of patients in an acute hospital could be better treated elsewhere. Evidence shows that a healthy older person's mobility could age by up to 10 years if they are bed bound for just 10 days.
- **Patient feedback**: work by National Voices in 2012 highlighted that patients want to stay in their own homes, remain independent and part of the community, not be a burden to others, and continue with activities that give them meaning.
- **National direction**: the NHS Five Year Forward View outlines the long term future of the NHS and seeks to close the:
    - Health and Wellbeing gap;
    - Care and Quality gap;
    - Finance and Efficiency - closing the first two gaps should have a positive impact on this.

Local context

From April 2017, BHT started to introduce the following.

- **Locality integrated teams** – bringing together community and specialist nurses, therapists, social workers, GPs and relevant voluntary organisations.

- **Rapid response intermediate care** – therapists, care staff and community nurses, working as part of the locality integrated team, will provide short-term (up to six weeks) packages.
- **Community care co-ordinator** – providing GPs, hospital clinicians and other health and social care staff with 24/7 phone and email 'single point of access' to organise specialist community services for their patients. Making it easier to access community services will help to prevent hospital admissions and avoid the delays to discharge that keep people in hospital for longer than they need to be.
- **Community hubs** – the hubs will provide a local base for community staff and will help patients to access prevention services, primary care services and hospital services that people may have previously had to travel to.

Clinicians believe that significantly expanding the support available to people in the community will help to maintain a person's health and independence, which would otherwise deteriorate if admitted to hospital for a length of time. During the pilot, clinicians will not admit patients overnight to the inpatient wards at Marlow and Thame hospitals, as they have the smallest inpatient units (12 and 8 beds respectively). Instead the space will be used to run the new frailty assessment clinics. *(Extract from "Developing Care in the Community: pilot proposal for community hubs, February 2017 paper to the HASC)*

Key areas highlighted by the Task & Finish Group with recommendations

The T&F Group are aware of the guidance set out in the Government Mandate to NHS England around the tests of service reconfiguration and the new patient care test for Hospital Bed Closures. The T&F Group will be advising HASC Committee Members to use these measures as part of its evaluation of the full pilot.

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from commissioners.

1. Strong public and patient engagement

The HASC Select Committee heard at its September meeting about the Stakeholder Engagement Group that meets regularly to help shape and inform the pilot. At the meeting, Committee Members felt that the public engagement should be reaching a wider audience, as the whole population of Buckinghamshire is a stakeholder. The T&F Group acknowledge that events were held across the county during April and May with 183 participants attending across all the sessions but would like to see more engagement over the coming months to ensure there is robust evidence of strong and ongoing public engagement.

Recommendation 1

The T&F Group recommends that the following be included in the final report.

- **Feedback from the staff and a measure to be included as a key performance indicator;**
- **Current vacancy rates for the roles directly affected by the services delivered by the community hubs and what plans are in place to recruit to these posts;**
- **Additional staffing costs associated with travelling to the hubs and how staff feel about the new ways of working;**
- **Data relating to any complaints received since the start of the pilot to include the nature of the complaints and how they have been dealt with.**

2. Consistency with current and prospective need for patient choice

We would like to see robust evidence of feedback from patients in the final report to include case studies and testimonials. The T&F Group felt that an independent review of the wider patient and carer views would be beneficial to provide a balanced view. The T&F Group would like to see feedback from voluntary organisations to help understand the impact on these groups (for example, Carers Bucks).

At the September meeting, Committee Members expressed concern about transport to and from the hubs as well as parking at the hubs (for both staff and patients). Whilst BHT reassured Committee Members that transport and parking is "on their radar", the T&F Group would like to see what plans are being proposed to address transport and parking issues.

Recommendation 2

Again, for the final report to include:

- **Evidence of patient feedback, including case studies ad testimonials;**
- **Evidence of feedback from voluntary organisations;**
- **Plans to address transport and parking issues.**

3. Clear, clinical evidence base

To avoid any confusion, the T&F Group recommends that the final report refers to the measures set-out in the original proposal and uses the same terminology when reporting the results. For example, the original proposal states the following will take place over the first six months of the pilot:

- Double the number of outpatient appointments offered at Marlow and Thame (what was the number at the start of the pilot, for Marlow and Thame?);
- See 350 patients through the one-stop frailty assessment clinic;
- Provide immediate care to over 3000 people;

- Avoid almost 300 hospital admissions;
- Manage almost 20,000 referrals through the single point of access.

The report presented by BHT in September stated the following:

- In total nearly 700 outpatient appointments provided for people closer to home (this figure is difficult for the Committee to assess as there is no baseline);
- 275 people referred, assessed and treated by the community assessment and treatment service (is this the one-stop frailty assessment clinic?);
- 310 more patients seen in the multidisciplinary assessment service (MuDAS) (is this the hospital admissions measure?);
- Over 1,000 patient referrals managed through the community care co-ordinator;
- 2,645 more care contacts a month by the rapid response and immediate care team.

The T&F Group recommends that all percentages used in the final report also show the raw data results. For example, the patient feedback charts currently show the results as percentages but that could be a sample size of 2 or 3 people.

We would like to see evidence to show the impact the pilot has had on reducing hospital avoidance as well as re-admission rates to hospital. Is the single measure for this the number of patients being treated at MuDAS?

The original proposal states that “on the rare occasion that a patient may need additional overnight support which cannot be provided by the locality integrated teams, local transitional care homes beds and overnight packages of care will be available”. We would like to know how many overnight packages have been provided since the start of the pilot and how this compares to before the pilot?

Recommendation 3

The final report should include:

- **Same measures and terminology as the original proposal;**
- **Where percentages are used, also show the raw data;**
- **Evidence of impact on hospital avoidance and re-admission rates to hospital;**
- **A comparison of number of overnight packages before and after the pilot.**

4. Support for proposal from commissioners

We understand that clinical staff from the community teams have been working with GP colleagues at individual practices to help them identify patients who might benefit from the new services to increase referrals and ensure the services are being fully used. In the final report, we would like to understand which GP surgeries have referred patients to the hubs and how many GP surgeries have not and the reasons why. We would also like to see a geographical breakdown showing where patients have been referred from.

Dr M Thornton attended the February and September HASC meetings as a GP representative but the T&F Group would like to see stronger evidence of buy-in from GPs and other service providers.

As part of the final report, it would be useful to see the plans for growing the services available at the hubs and the timeframes for introducing these.

Recommendation 4

The final report to include:

- **GP referral rates and geographical breakdown of referrals;**
- **More extensive evidence to demonstrate GP support for the pilot;**
- **Future plans to expand the hubs and the timeframes.**

5. Other recommendations

Recommendation 5

The T&F Group would like the final report to detail how the additional £1m has been invested and information on any further planned investment.

6. Other observations

Terminology – At the September HASC meeting, Committee Members commented on the names given to some of the services provided by the hub and suggested more positive words should be used. For example, “frailty clinic” – some older people do not consider themselves to be frail. Also, the “falls service” – people do not believe they need this service until they have had a fall rather than seeing it as a preventative service so as to avoid a fall. Committee Members felt that “Healthy Minds” was a good example of positive terminology.

Best practice – At the September HASC meeting, the Vice-Chairman, who recently attended a health conference, reported that Dorset have introduced this model of care and felt that shared learning would help to shape the service. The T&F Group would like the final report to document the learning from other Trusts who have developed the community hub model and how this has been applied in developing BHT’s model.

To summarise, the T&F Group recommends that the following be included in the final report:

Recommendation 1 • **Feedback from the staff and a measure to be included as a key performance indicator;** • **Current vacancy rates for the roles directly affected by the services delivered by the community hubs and what plans are in place to recruit to these posts;** • **Additional staffing costs associated with travelling to the hubs and how staff feel about the new ways of working;** • **Data relating to any complaints received since the start of the pilot to include the nature of the complaints and how they have been dealt with.**
Recommendation 2 • **Evidence of patient feedback, including case studies ad testimonials;** • **Evidence of feedback from voluntary organisations;** • **Plans to address transport and parking issues.**
Recommendation 3 • **Same measures and terminology as the original proposal;** • **Where percentages are used, also show the raw data;** • **Evidence of impact on hospital avoidance and re-admission rates to hospital;** • **A comparison of number of overnight packages before and after the pilot.**
Recommendation 4 • **GP referral rates and geographical breakdown of referrals;** • **More extensive evidence to demonstrate GP support for the pilot;** • **Future plans to expand the hubs and the timeframes.**
Recommendation 5 • **Details of how the additional £1m has been invested and information on any further planned investment.**