Developing Care Closer to Home in Buckinghamshire
November 2018

The work programme presented to HASC in May was as follows:

Timescale	Action	Comments
Phase 1, April 2018	Confirm the continuation of the community hubs in Thame and Marlow for a further two years.	This has been confirmed.
Phase 2, April – June 2018	Review the out of hospital care model to understand scalability of services between the hubs and integrated teams.	Completed. The Integrated Care System (ICS) has finalised a care model which describes how the services accessed by the population of Buckinghamshire will be organised.
Phase 3, June 2018 – March 2019	**Increase the scale of delivery of the hubs and integrated teams across the county.**	**In progress.**
Phase 4, April 2019 – March 2020	Integrate the out of hospital elements into the full care model.	

The aim of this paper is to provide an update on 3 points:

1	Activity in the Thame and Marlow hubs
2	Response to points arising from the presentation to HASC in May
3	Options to develop integrated care across the county

1. Activity in the Thame and Marlow hubs

Action	Response
Increasing utilisation in the Thame and Marlow hubs	In order to maximise the use of the hubs, we are: Identifying low-referring GP practices in the localities and providing information about the benefits of referring to the hubs. Accepting patients via South Central Ambulance Services (SCAS) - currently conveying to Multi-Disciplinary Assessment Service (MuDAS), but will roll out to Marlow and Thame. Rather than waiting for GPs to refer patients in, we are asking high-referring GPs to identify at-risk patients and providing them with a comprehensive assessment from a geriatrician-led team. Developing other services in the hubs including outpatients, community respiratory medicine and drop-in services such as death café and dementia café. Thame League of Friends is supporting an ultrasound scanner which will be available from March 2019 and the Thame hub will also provide a chemotherapy service from January 2019. Workshops have been held in both locations in order to involve stakeholders in the future development of both hubs and to ensure that the plans described in this paper are supported by these groups.

KPIs are shown in **Appendix 1**. In summary:

- Activity in the Community Assessment and Treatment Service (CATS) continues to increase, averaging up to 133.3 visits/month between April and September 2018, compared to 56.2 visits/month over the same period in 2017.

- The number of people seen as admission avoidance has increased to an average of 88.2 per month between April and September 2018, compared to 41.8 per month over the same period in 2017.

- During the life of the project to date, there has been no adverse effect on community hospitals: the number of patients on waiting lists for community hospitals in Buckinghamshire

averaged 17.5 between April and September 2018, compared to 20.8 over the same period in 2017.

- The CATS service continues to receive a large number of very positive patient experience feedback comments and aims to uphold this high level of quality care and experience as attendances increase.

2. Progress towards HASC actions from May

The following actions were requested by HASC in May 2018.

Action	Response
Strengthening of staff feedback	Staff engagement sessions were held in July and November. Early staff feedback themes included feeling undervalued, a lack of communication from senior managers and a lack of sense of 'common purpose'. There is now a staff survey action plan in place and the Hubs Manager holds a team meeting three times each month to ensure that staff working different shifts can attend. A divisional point of contact has been appointed to whom staff can escalate issues. Of those that attended the November staff engagement session, 100% said that it was good or excellent. All staff felt that they are providing a service which is vital for both patients and the organisation and feel able to focus on what the patient needs in order to avoid hospital admission, maintain independence and improve quality of life through holistic assessment. This includes empowering patients and signposting to services where needs cannot be met within CATS (e.g. befriending; Healthy Minds).
To ensure that transport was central to future development	We have listened to patients' views of transport arrangements; two complaints were made about transport shortly after the launch of the hubs. In response, there is now a regular meeting with SCAS, which provides Patient Transport Services (PTS), to monitor performance. Future locations of hubs will consider the transport links and local infrastructure.
Continued increase of GP buy-in	There are two work streams in progress in response to this: Pro-active identification of patients. All the GP practices in Buckinghamshire have been ranked in order of number of referrals per 1000 patients on their list. Practices ranked 6-10 have been written to asking GPs to refer any patients they feel would benefit from a CATS referral, even if they haven't had a GP appointment. This is intended to target at-risk patients before they need medical attention. The intention is that positive outcomes from these patients can be used to provide compelling evidence to less engaged GPs that the hubs are of value.

	Face-to-face communication. Hubs teams have a slot on three GP locality meeting agendas (7 November in the North Locality, 28 November in Wooburn Green and January 2019 in South Chiltern) to discuss and promote the hubs face-to face with GPs and listen to their views. Appraisal of the viability of a self-referral service will be considered as a future service development. GP referrals have increased from an average of 47 per month over Q2 2017/18, to 87 per month over Q2 2018/19.
Use of technology	The IT system which GPs use to make referrals and access patient information - EMIS Clinical Services - is being extended to community teams and training has been delivered. Hubs now accept referrals via EMIS Clinical Services which ensures that teams now have access to comprehensive patient information.
Community involvement across the rest of the county, learning from what we've done through the stakeholder group and with the Marlow and Thame communities	Engagement events have been held across the county; stakeholder groups continue in Thame and Marlow. Patients are keen to share good news with their networks e.g. BOPAG (Buckinghamshire Older People's Action Group).
Economic evaluation	Figure 1 on page 5 shows the drop in the cost of the two sites, at the point at which they converted from inpatient facilities to community hubs. Table 1 on page 5 details the activity and the cost of the service, and the significant drop in cost per attendance from £4,169 to £166. Significantly, the community hospital waiting list has not increased. Correspondingly, the Rapid Response Intermediate Care service (RRIC) which operates in concert with the community hubs to prevent admission and support discharge, keeping people in their homes, has seen an increase in c.200 contacts per month (10,836/month from April – August 2018, compared to 10,647/month from April – August 2017). Full economic evaluation will be included as part of the economic evaluation of community transformation.
Evidence of integration of the whole system of health and social care	The Integrated Care System (ICS) Model of Care, which describes how the services accessed by the population of Buckinghamshire will be organised, is complete and the ICS consists of Buckinghamshire CCG, GP organisations, Buckinghamshire Healthcare NHS Trust (BHT), Oxford Health NHS Foundation Trust (OHFT), Buckinghamshire County Council (BCC) and South Central Ambulance Services NHS Foundation Trust. The Model of Care describes governance of county-wide schemes, including Integrated Teams (small, multi-profession teams bespoke to populations of 30,000 - 50,000, community hubs and reablement (a service jointly provided by BCC and BHT to support people to maintain independence). A whole-system workshop has been held to align BCC, BHT, GPs and the CCG in the delivery of an integrated service which will respond rapidly to maximise independence, support discharge and avoid hospital admission. The workshop was very productive in developing system-wide solutions to address the

	challenges of providing out of hospital care. The workshop further strengthened the close working relationships between partner organisations which has already seen the establishment of a Re-ablement Working Group co-chaired by BHT, a steering group co-chaired by BHT and BCC and an Integrated Care delivery board attended by BHT, Primary Care, ICS, BCC and Oxford Health FT, and co-chaired by BCC and OHFT.

Figure 1. Combined cost of Thame and Marlow hospital sites

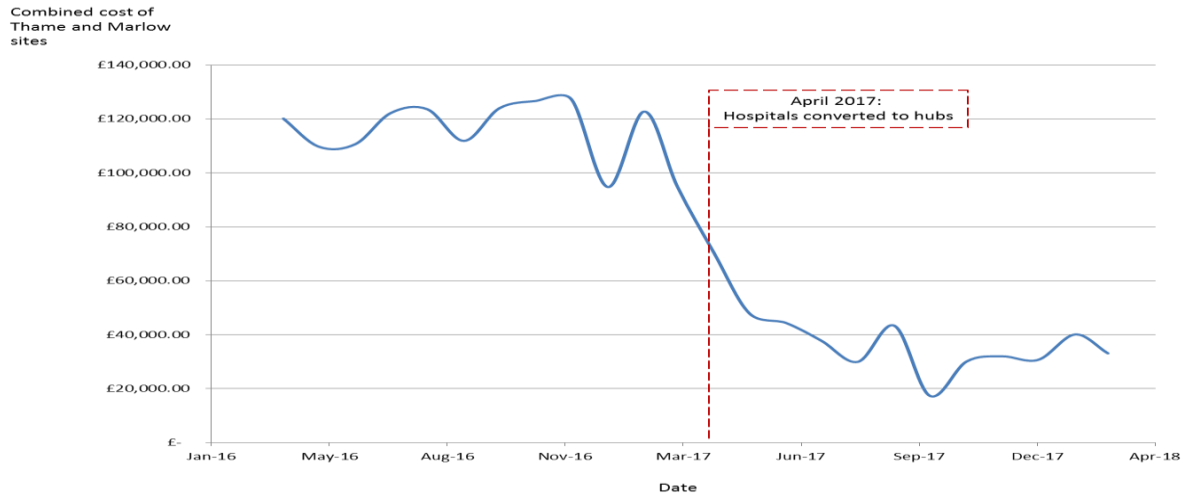

Table 1. Service productivity

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
CATS attendances	16	52	75	52	57	85	113	121	72	119	87	131	110	145	156	145	115
CATS Utilisation	9%	25%	34%	23%	25%	43%	51%	55%	38%	54%	44%	66%	55%	63%	74%	66%	52%
Cost (£k)/ attendance	4.17	0.85	0.54	0.66	0.46	0.47	0.12	0.22	0.39	0.23	0.42	0.22	0.26	0.18	0.13	0.19	0.17

3. Options to develop integrated care across Buckinghamshire

As part of an integrated care system, we are developing ideas for applying the hubs model to other locations, including the North Locality (the Buckingham area), Wycombe and Aylesbury. The exact model will be determined by local population needs, transport links, how it supports the ICS Care Model and how it supports Buckinghamshire Integrated Teams. This current phase of work cannot be produced by any organisation independently, but needs to be produced collaboratively. The significant progress made during the last six months as a result of all ICS providers working together has laid a solid foundation for this strategy. The Care Closer to Home workstream can no longer be considered a stand-alone area of service transformation: this and the Health and Social Care Integration workstreams are mutually dependent on each other and will be presented as one workstream in future.