Aberdeenshire HSCP – Developing Hospital at Home across a diverse geographical area

Key Challenge

Aberdeenshire HSCP covers a huge area, with a geographically-diverse population. There was recognition within the HSCP that they had an aging population. In order to have a system that supported the delivery of a long-term sustainable service, a fundamental shift in thinking was required.

Context

Aberdeenshire HSCP is one of three HSCPs in NHS Grampian. Aberdeenshire is a very integrated partnership with little differentiation between health and social care (for example, staff from both areas report in to the other service).

Why Hospital at Home?

The opportunity to develop a Hospital at Home service presented itself when NHS Grampian undertook a whole system frailty redesign, including transfer of resource from acute to community. This change meant that that acute geriatricians could be aligned to managing patients within the community. Alongside this redesign was the acknowledgement that wherever possible, the older population is better served by being kept in their community.

Because of the diverse geography of the area, the HSCP operates two separate services: one central, and one in the north of the HSCP. These services are able to cover the majority of the HSCP. Whilst the services are geographically separate, the processes they follow are the same, with all patients going through a central hub.

Before Hospital at Home, there were already various community models in place in Aberdeenshire, including community hospitals, virtual community wards and a multi-disciplinary approach, meaning the concept of managing patients within the community was already well established in the HSCP. Hospital at Home was the next logical step.

Developing a core team

Developing and delivering the service has required substantial time commitment from the partnership. A small core team has been established, including a partnership manager, strategic development officer, and dedicated quality improvement support. It is this team that is responsible for the coordination of the service, and continues to drive it forward. This team approach has been particularly beneficial during the COVID pandemic, where operational management could be pulled into other priorities.

Engaging the key people

A great deal of work took place to map patient pathways, allowing the team to map out where all of the potential interfaces are. Other work followed patient journeys, in particular what happens when a patient enters secondary care. This work identified that, for some patients, there was no mechanism in place to move back to the community with the right level of support.

Across the HSCP there has been a lot of involvement in national Hospital at Home events; this has prompted a shift in thinking across all disciplines and stakeholders that this was the right approach. There has also been strong engagement from leadership at the top level, with the interim Chief Officer very supportive.

This Hospital at Home service is absolutely intertwined with frailty, which is a priority within the HSCP. Therefore, the team worked closely with clinical leads and geriatrician colleagues to build strong relationships across the clinical pathway.

In addition, the service is a standing agenda item at the HSCP Senior Management Team meetings, ensuring that planning and progress is clearly communicated and transparent at all times.

It's important to point out that when it came to engaging with staff, the core team felt that the previous work around virtual community wards had already done a lot of work to change mindsets and create the right culture.

Milestones and key achievements

The team has achieved a huge amount in a short space of time, including:

- Getting widespread agreement and buy in that Hospital at Home was the right approach
- Creating and building on links with geriatricians and clinicians
- Getting agreement on 'light touch' assessment has been critical – it has involved staff being able to give up professional ego and has worked well.

Developing a service through COVID-19

COVID-19 was a challenge in terms of staff capacity, however, it also presented an opportunity. Not only has the pandemic enhanced the closeness and relationships within the team, it has allowed services to be more innovative. For example, using technology is now accepted as a way to work with patients, in a way that it wasn't previously.

Previously, aversion to risk has pushed care delivery into an acute model for care delivery. COVID-19 changed that narrative quite a lot, for people working within the system.

Determining an impact

Although the service is in its early stages, the team are developing a set of measures to determine what kind of impact the service will have. These measures include:

- Mortality rates
- Patient location at 90 days
- Readmission rates within 7 days
- Medically fit day of discharge vs actual day of discharge.

The team also plan to develop satisfaction surveys for patient, carers and staff, measuring the patient experience, and how the service makes people feel. The IJB was very keen on gathering data from carers, emphasising the importance of their role in supporting people to stay at home.

Key learning

The team agreed that there a few things that a team setting up a new service may wish to consider:

- Be clear and honest what you want to do from the outset
- Accept mistakes are a vital part of the process
- Most importantly, don't underestimate the importance of building consensus before you start
- Spend time building engagement, talking to different staff groups and selling the idea – you don't want to drag people behind you, you want them running alongside you
- A high level of family support throughout the pandemic has helped the team promote the understanding that treatment at home can be as good as treatment in an acute bed.

Next steps

The next steps for the service are seeing the patient discharged from acute hospital while remaining under a consultants care, with a whole team approach to their care. The TrakCare team in NHS Grampian are also customising the system to support the service, allowing a relatively simple system for data capture.