

Dundee HSCP - Hospital at Home as way to alleviate winter pressures

Key challenge

The push to develop a service came from winter pressures in 2017/2018. Nationally, front door admission rates were at a record high and there was a pressure to offer an alternative to hospital admission, along with a realisation that many of those presenting at the front door could have been managed safely in the community.

Context

The benefits to patients from Hospital at Home are well documented: the ability to see loved ones, increased patient autonomy and reduced risk of delirium, infections and institutionalisation, amongst others. It offers a safe alternative to hospital admission for patients, and puts realistic medicine and patient autonomy at the forefront.

This was clear to the lead clinicians in Dundee HSCP when they decided to establish Dundee Enhanced Community Support-Acute (DECSa), Dundee's Hospital at Home Service.

An Enhanced Community Support (ECS) service was developed in Dundee prior to development of DECS-a. The ECS service supports general practice by providing a timely and proactive multidisciplinary response to the identification of need, preventing the need for admission to hospital. DECSa provides acute level care to people who would otherwise require admission to hospital.

Pilot testing and beyond

A pilot was set up October 2017 in the out of hours (OOH) period, with one nurse consultant and one MFE consultant with limited sessional time. The pilot had its limitations – focusing on out of hours meant that, in the majority of cases, patients weren't being seen by their usual GP and so the quality of referrals was reduced.

The service was then rolled out to all four GP clusters in January 2018 with the creation of a new full-time role to help initiate and develop the service – a GP was also working as a specialty doctor in MFE. By March 2018, the Nurse Consultant who was involved in the pilot was able to support the service full time, and an MFE Consultant was appointed as co-lead with dedicated sessional time (4PA equivalent). Later in July 2018 one trained ANP and one trainee ANP joined the service.

The Integration of Health and Social Care Services has supported the ongoing development of a person-centred service which ensures the right support by the right person at the right time. Development of DECS-A has been supported by the HSCP and NHS Tayside, allowing for a whole system approach to be taken. The clinicians involved in developing the service are dedicated, enthusiastic, and have a wealth of experience in both primary and secondary care, unique to this partnership and adding demonstrable benefit when it comes to interface working.

Who did you involve and milestones

The Dundee service was set up to focus on admission prevention, taking referrals from GPs. Therefore, the team spent a great deal of time engaging with GPs from the outset, for example attending cluster lead meetings and protected learning time sessions to raise awareness of the service and gain buy in. The leads for the service also sit on the Dundee Primary Care Urgent Care group and were able to continue to be involved in planning of the community models of care and align DECSa to the wider service needs and the development of Primary Care locally.

Throughout the development of the service, the team continues to engage and align with the ECS service, specialist services such as Respiratory, Cardiology, Palliative care, specialist nurses including heart failure and Parkinson's, the Care Home Urgent Care Team and Medicine for the Elderly team.

Over and above normal working hours, the engagement, development and awareness raising has taken a significant amount of time, again demonstrating the need to have dedicated, committed leadership involved.

In mid-2020, Dundee HSCP started to work with Healthcare Improvement Scotland, joining a community of over 300 people with an interest in Hospital at Home, participating in Hospital at Home learning events and becoming one of the initial services to work receive direct implementation support. Amongst other things, this has allowed Dundee to gain a wider picture of Hospital at Home activity across Scotland, share information with established and other developing services and work directly with the national team to gain access to funding.

Key milestones

To date the team have achieved a number of milestones, including:

- Developing successful referral processes,
- Securing office space and budget
- Developing prescribing governance arrangements and medication supply.
- Building a team with appropriate staffing, including a non-clinical manager to guide the service.
- Improving links with social care providers, ensuring timely provision of social care support

The team are now keen to continue to build on this momentum for the next steps for the service, which include:

- delivering IV therapy (antibiotics, fluids, diuretics)
- further developing the team – a healthcare assistant post now supports the team, and additional consultant sessions are being secured to allow cover and an increased caseload
- ensuring rapid access to diagnostics.

DECSa is now being developed as part of the broader development of cluster aligned, multi-disciplinary, integrated urgent care community services, building on existing MDT working

Determining the impact

The team are gathering data on a number of measures, including referral numbers, presenting complaint, diagnosis, length of stay and onwards referral. The team will be submitting this data as part of the national data set from April 2021.

As well as this, they are collecting qualitative data initially through patient feedback vehicles such as care opinion. The next stage of this will be to gather feedback from services users, including primary care.

One piece of feedback that we received from a patient was this:

“From the moment I spoke to the DECS-A team, I felt there was someone who was able to give me a clearer understanding of the situation, and who was there for me. It was easier and more comforting that my father was able to spend his last days at home with us rather than in a hospital or hospice. The DECS-A team made this possible.”

There have also been unintended impacts of developing the service, for example improved communication with community teams, less silo working, and helping to streamline the way urgent care is delivered in the community.

Key learning

- Communicate clearly at all times at all levels
- Engagement with key stakeholders is vital
- Work with colleagues who are driven and invested in the success of a service and share your vision
- Consider staffing requirements – within DECS-A an Operational Manager is key to supporting the development of the service, ensuring that service development is in line with the Strategic vision of the HSCP.
- Listen to what GP colleagues are saying: what are their issues? Don't force the service into being what you think it should be
- Share patient and relative feedback to demonstrate the value of the service to patients and to constantly improve the service and supports provided.

The benefits of hindsight

Looking back, if the team were to do anything differently throughout their Hospital at Home journey, they would consider revising their pilot – rather than starting with out of hours, it may have been better to start with one cluster within the Dundee, and build up from there, potentially affording earlier buy in from GPs.

They would have also looked at developing community hubs and co-locating community teams at an earlier point; and they could have worked closer with acute colleagues – raising awareness of the service.

The team encourage others developing a Hospital at Home service to remember a few key things. Be brave: remember the reason Hospital at Home exists. People don't want to go into hospital – managing them at home has so many benefits – reduced dependency of patients, reduced risk of infection.

There are a lot of services out there to learn from, and nationally shared information works well as a guide, but there is no one size fits all approach - it is key to modify this to suit your local context. Importantly, listen to what your colleagues and citizens are telling you is needed.

To quote one of the service leads: "This service was started with a doctor's bag, using OOHs during the day as a base – if you want to make a change, this is it! This is a game changer, and it can be done!"