

## ***Forth Valley HSCP – starting Hospital at Home during the pandemic***

### ***Key challenge***

The team was originally an Enhanced Community Team with a core team of nursing staff which was in place to support hospital avoidance and step down from hospital. Following the advent of COVID-19, however, it was decided that there should be a move towards the Hospital at Home model.

### ***Context***

NHS Forth Valley sits in the middle of the Central Belt where it is surrounded by a number of other health boards. The board is made up of a mixture of urban and rural areas meaning that while a town or village may seem close as the crow flies, it can take a significant amount of travel time to get there.

### ***Getting started: testing***

When the COVID-19 pandemic began, the team in Forth Valley conducted a small test of change by seconding three consultant geriatricians to provide additional senior support to the Enhanced Community Team. This provided invaluable data on the benefits of this additional support to both patient care, as well as providing a model of enhanced senior clinical decision making and the important contribution of medical staff to the new emerging model.

The test showed that the model would work, and needed to be enhanced by senior clinical decision making not only from medical staff but from ANPs too who had not been members of the original ECT. There was also real support at board level as the benefits to patients were clear, as were the implications for inpatient flow.

### ***Getting started: engagement***

The Forth Valley team carried out tiered engagement to get a real understanding of what different parts of the NHS board required and how Hospital at Home could help to meet those needs.

The first of these layers is the strategic level. Included in this level are Associate Medical Director of Integration (lead), Deputy Nurse Director, Deputy Director of Primary Care, Allied Health Care Professional Service Lead, Clinical Lead for Ageing and Health and Head of Community Health and Care from both Health and Social Care Partnerships. The strategic group now meet twice a week for thirty minutes to review the business case, any strategic developments and general governance. Considering the commitments of all the people in the strategic group, having bi-weekly meetings has been a real achievement for the team. The meetings are short, sharp and focussed with really clear agenda items and actions. It is understood by the members of the strategic group that the Hospital at Home team are doing valuable work.

Whilst engaging on a regular basis with existing members of the ECT the next layer of people that the team approached were those who work on operational aspects of their services. The team was keen to gain an understanding of what people across the board think the Hospital at Home service should look like. To gain this understanding the team held a series of workshops made up of a variety of clinicians from primary care, secondary care, the Scottish Ambulance Service, pharmacy and Allied Health Professionals. From these workshops the team developed short life working groups centred on the specific aspects of the service.

The team then, in collaboration with the team at Healthcare Improvement Scotland's ihub, engaged with staff from across all spectrums of Forth Valley health board through an evening webinar. They produced an FAQ following the webinar and plan to run a follow up event in the spring.

The overall view was that staff across the board were keen for a Hospital at Home service to be set up, as there was an understanding of the real value of patients being treated at home. The interest in avoiding hospital admission was emphasised by the COVID pandemic.

### ***Current service***

As part of the Hospital at Home structure, patients in the service are under the care of a consultant in geriatric medicine from the acute site with the support of GPs with a specialised interest in ageing and health care.

Multidisciplinary team working is core to the functioning of the team and since October 2020 have offered the same spectrum of diagnostic investigations with the equivalent turnaround time as inpatient tests.

### **Support from others**

The strong support from the Forth valley HSCP board, confirming medical consultant cover and having existing nursing staff on advanced nursing courses to increase capacity of senior clinical decision makers have been real milestones for the team.

The support from the Healthcare Improvement Scotland team has been really valuable to the Forth Valley team, especially with it being so new. The learning sessions and network have allowed the NHS Forth Valley team to establish links with other teams, sharing ideas and getting advice.

### **Learning point**

The advice from Forth Valley to other teams starting out is to work with people at different levels concurrently as it helps to minimise the risk of losing communication between the different groups. Engagement is key for a successful service.

### **Next steps**

The service itself is one that is still in transition. For further development, the team are looking to extend the range of patients to be cared for at home to those with greater acuity. There are already good core established staff who are in the process of professional development and up skilling with the intention of developing a more acute level of care delivery in a service that will operate seven days a week.

Their next steps are to improve their data collection mechanisms through electronic clinical records and to have the Hospital at Home service included in the daily safety huddles in the acute site. The team are also really keen to get some patient engagement and design input to the service, some of which has been restricted by COVID-19 and limited resources.