

Western Isles HSCP – the importance of building will

Key challenge

The Hospital at Home service was developed during the first wave of the COVID-19 Pandemic by a Project Team who had been temporarily redeployed from other areas, with most continuing to work in a leadership or operational role following remobilisation. Building the will and the interest was key to establishing the Service in the Western Isles. In addition, another challenge was the delivery of care in such a remote and rural area which can be subject to adverse weather.

Context

The NHS Western Isles is one of the more remote NHS boards in Scotland, with a population of 26,000 distributed over approximately 280 settlements, with one of the highest percentages of people in the over 65 and 85 age brackets in Scotland.

Current Hospital at Home service

The service is based in the Western Isles Hospital (WIH) in Stornoway (Isle of Lewis), and went 'live' in May 2020. At its current stage of development Hospital at Home can deliver Hospital level care across the Islands of Lewis and Harris. The Hospital at Home patient is under the care of the relevant Hospital based Consultant (Medical, Surgical, Orthopaedic etc.) and their clinical team, and a range of monitoring and clinical interventions can be offered. Nursing staffing at the present time is delivered on a day-to-day basis by bank nurses, who mostly have a substantive post on a Medical or Surgical Ward in WIH, although ANP/Trainee ANP Hospital at Home nurse posts are to be advertised in the near future (with funding available for 1 year at present), and this will facilitate further service development and the ability to widen the range of conditions which the Hospital at Home service can treat.

A founder member of the Project Team works in a full-time (although not yet substantive) post as Hospital at Home Co-ordinator, and the WI team have found that this role has been key to their success. The Hospital at Home Co-ordinator is able to liaise with clinical and ward teams across the hospital, support the Hospital at Home nurse, act as Chair of the 'Daily Dynamic Discharge' meeting and is therefore key to identifying patients suitable for the Service, is responsible for audit and evaluation of the Service, and is part of the Project Team daily 'Huddle' which allows any problems or issues to be dealt with as they arise.

Milestones and challenges

Initial work concentrated on engagement with stakeholders across health and social care. Work with all of these stakeholders was essential, and with some departments eg Pharmacy, was crucial for success. Other early work required was around the development of protocols and policies, and Standard Operating Procedures, and the support of Healthcare Improvement Scotland in facilitating the sharing of knowledge and information with other teams at this time was invaluable.

An early key milestone in the WI Hospital at Home journey was getting a physical base on the Admissions ward in WIH which helped to integrate Hospital at Home with the clinical and ward teams.

The Hospital at Home team have the support of the Executive Team, and of the Lead Nurse for Acute Services, as well as the Senior Charge Nurses of the WIH Wards, and again this support has been crucial to success.

When considering the barriers encountered in the development of a Hospital at Home Service, resistance to change is one, coupled with the perception that patients are better off in hospital.

There is much evidence in existence, however, for early supported discharge from hospital and for the delivery of care at home, patient and carer feedback has been very positive, and as the service has become more established it has been able to provide examples of good practice and outcomes, supported by data.

Other challenges encountered are the delivery of care in such a remote and rural area which can be subject to adverse weather, with some visits over the winter of 2020 entailing a total journey plus care delivery time of 5 hours, which in turn can impact on the capacity of the service.

Collecting data

Data is collated on:

- length of stay in hospital prior to Hospital at Home admission
- number of days in the service
- the age ranges of patients
- tracking the conditions that are being treated and interventions required
- how many patients are readmitted to hospital and how many are not, and
- who is visiting the patient.

Data collection is supported by colleagues in Health Intelligence, and a database has been created and is maintained by the Hospital at Home Co-ordinator with regular reports generated for the Project Team and NHS board. The team will also be collecting data in line with the national minimum dataset, and sharing this on a monthly basis.

Key advice

Key pieces of advice that the Western Isles team would give to anyone looking to adopt a Hospital at Home service is:

- Keep the Faith – there will undoubtedly be challenges but these can usually be overcome by being adaptable and flexible, just keep problem solving
- Don't say 'No', say 'How' – this mantra has been well and truly adopted by the NHS Western Isles team, who feel that this approach has helped to build confidence in the team and in the service
- work with people who are interested in the service – pay scale or job title is not the most important element to be a member of a Hospital at Home Project team, it is the enthusiasm for success of the people in the service that will make it work.