RightCare CASEBOOK

Commissioning for Value:

Reducing the Number of High Intensity Users of Unscheduled Services

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The setting

NHS Blackpool CCG and NHS Fylde & Wyre CCG

The situation or problem

NHS Blackpool CCG and NHS Fylde &Wyre CCG are both located on the North West coast of England and jointly have a registered population of some 320,000 living in a mix of coastal town and rural villages. Provision of high quality and appropriate health and social care to the Fylde Coast population is challenging, as it is an ageing population, with a higher than average burden of long term conditions and evidence of co-morbidities. There are also areas of extreme deprivation across the Fylde Coast with lower than average earnings and poor housing together with high levels of unemployment. In addition, the area attracts people with risk-taking behaviours and chaotic lifestyles which also present a challenge for the provision of healthcare. Life expectancy in some areas is markedly below the national and North West average.

The two CCGs work in partnership on a number of initiatives to improve health outcomes for their respective populations. Blackpool and Fylde & Wyre CCGs spent a total of approximately £86 million on unscheduled care services in 2011/12, and demand was predicted to increase.

What action was taken?

NHS Blackpool & NHS Fylde and Wyre CCG used the NHS Right Care approach to support strategic planning and inform delivery of programmes that will enhance its commissioning approach, making it soundly based on evidence and with a clear emphasis on outcomes. They used the three-stage Right Care methodology (Where to look, What to change, How to change) to focus on clinical programmes and identify value opportunities, as opposed to focusing on organisational or management structures and boundaries.

1. Where to Look

Several sources informed the decision making process. The CCG used the tools developed by NHS Right Care, including Commissioning for Value packs. They also used comparator tools, including the NHS Atlases of Variation, Outcome Packs (CCG and local authority versions) and 'Anytown' models. The Staffordshire and Lancashire Commissioning Support Unit (CSU) carried out a diagnostic for Lancashire CCGs, which cross-referenced all of the main data sources, including: spend and outcomes; Joint Strategic Needs Assessment (JSNA); and local health and wellbeing plans. These data were triangulated with the Commissioning for Value outputs, with significant correlation and therefore assurance of the key areas of opportunity to prioritise.

The data analysis undertaken for NHS Blackpool and Fylde and Wyre CCGs demonstrated that Unscheduled Care was a key area for improvement.

- A substantial proportion of the healthcare budget was accounted for by relatively few patients, some of whom have multiple long-term conditions and/or are elderly/frail.
- System reform was required to achieve Accident and Emergency targets and to reduce non-elective admissions to hospital by 15%.

2. What to Change

An analysis of the North West Ambulance Service database showed that the top 100 frequent callers within the Fylde Coast called 1100 times during a three month period, and it was decided to identify and address the issues of these high intensity users to reduce the burden on unscheduled care services.

3. How to Change

An initial small pilot demonstrated that an approach of empathy and coaching rather than enforcement had the potential to reduce the number of 999 calls. The Urgent Care Board of Blackpool and Fylde & Wyre CCGs approved a business case for the High Intensity Users Project. An Advanced Paramedic (AP) was appointed to lead this work. The principles of the project were to:

1. ***Identify.*** The top 100 frequent callers were identified utilising the NWAS data systems. Some additional patients were selected due to their vulnerability as opposed to chronic ambulance calling. This group may have only called between 8-10 times over the previous three months but presented with episodes of self-harm or homelessness.

2. ***Personalise.*** The patients were contacted directly by a phone call from the AP. Calls were made to the patients before the AP spoke to professionals in order to avoid any bias and at no point was the frequency of dialling 999, or the reason(s) for the calls, mentioned to the patient. The calls focused on the patients' issues, identifying and "de-medicalising" their needs.

3. ***De-escalate.*** Many high frequency callers ring 999 due to an escalation in their social, emotional, financial or family issues. De-escalation was facilitated by offering immediate access to an appropriate support service. Presenting issues may not be resolved during a crisis conversation therefore contact was made the following day to endorse positive behaviours and build trust.

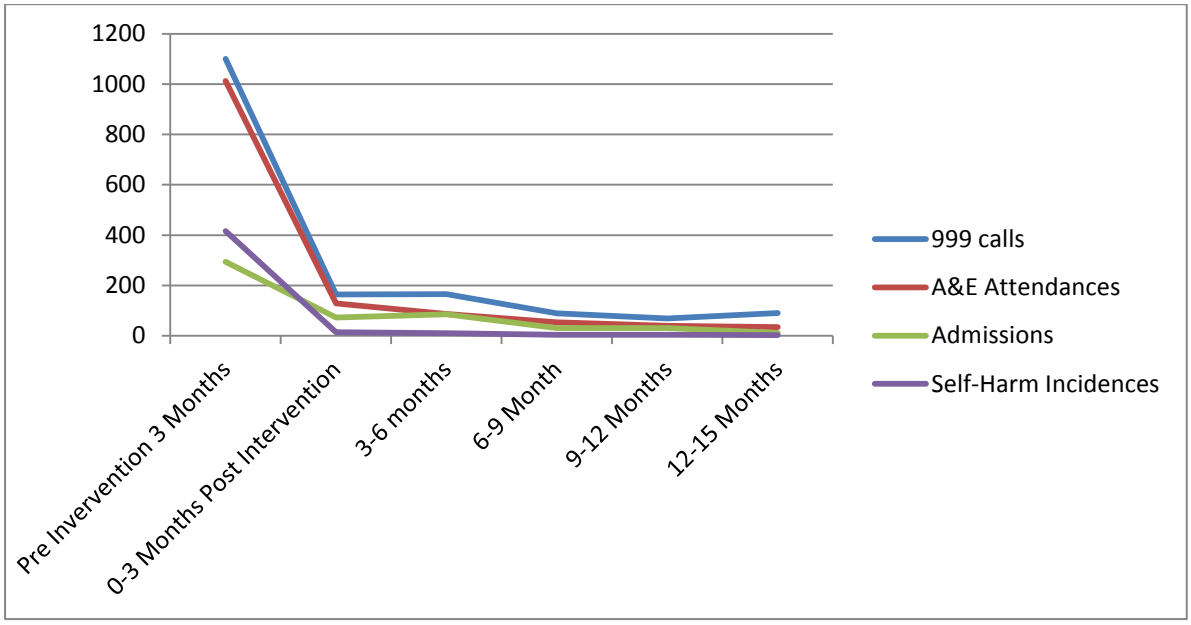
4. ***Discharge*** from the project to local support services took place when the patient required on-going support. One such service is a partnership between Vitaline and the Mental Health Helpline. Vitaline provided telephone units within the homes of High Intensity Users who regularly required support out of hours. For patients experiencing anxiety, depression, and feelings of self-harm or loneliness, they were able to be connected through to the Mental Health Helpline, anonymously and free of charge from within their home environment. Many patients, following initial support from the High Intensity User Service, were discharged without the need for follow up.

5. ***Managing relapse.*** Frequent callers often start out on the project feeling extremely positive, decrease their dependency and improve their personal outcomes. Sometimes, after about 3 -6 months, this is followed by a relapse which leads to the calls to 999 reoccurring. Frequent callers were informed of the possibility of relapse at the outset and, with the support of the AP, and open and honest conversations could prevent a potential relapse.

What happened as a result?

When the emotional and social needs of frequent callers were met, any factitious medical presentations tended to disappear. By addressing individual human need, unscheduled care contacts reduced as a by-product.

The following table demonstrates the impact of the project in the first fifteen months.



- 999 calls were down by 89%
- A&E attendances were down by 93%
- Admissions were down by 82%.
- 98% reduction in self-harm incidences
- 44% reduction in police calls for the patient cohort
- Total savings of £2,757,380 have been demonstrated over the past fifteen months, with Blackpool CCG saving £1,333,374 and Fylde & Wyre saving £1,424,006. The pilot cost £70,000
- As a result of the CCGs' work with their partners there has been minimal growth in non-elective demand in secondary care against a background of national growth in this sector.
- Due to the success of the pilot, the aim is to embed the model into primary care, by providing health coaching to vulnerable and high health service users wherever they present in the system.
- Lancashire Constabulary have mirrored the techniques used by this project for police High Intensity users. Early results demonstrate similar patterns of reductions in call volume and 999 responses.

What was the learning as a result of this experience?

- The NHS Right Care process underpins strategic planning and supports change
- An initial pilot study was required to provide the evidence base essential to gain clinical and managerial buy in
- Significant resources can be released
- Engagement of all stakeholders including the voluntary sector was required

Right Care Resource Centre

Right Care has a new resource centre where CCGs can find supporting materials describing the Commissioning for Value approach:

- Online learning videos
- "how to" guides
- Theme based Webinars
- Casebooks showing learning from early adopters
- Essential reading lists and glossary
- Tried and tested process templates to support taking the approach forward

www.rightcare.nhs.uk/resourcecentre