

Personal health budgets for discharge in North West London

THE CHALLENGE

- Most patients are discharged from hospital in a safe and timely way. However there are increasing numbers of people who are healthy enough to leave hospital but can't due to a lack of suitable support or accommodation where they can recover.
- As a result, these otherwise fit and healthy patients, who require no or only some ongoing support, have their discharge delayed. This can cause a delay in hospital admittance for other patients, and is a particularly acute problem during the winter months, with considerable impact on patient flows and experience. This also contributes to the demands the health system is struggling to manage.
- Getting patients home from hospital as soon as possible is vital to help avoid isolation, additional infection and complications from staying immobile.

A POSSIBLE SOLUTION

It is often low-cost issues that stop discharge, and one of the ways to address this is through using Discharge Personal Health Budgets (PHBs). These are one-off payments which are available to provide people with the initial support they need to leave hospital safely.

North West London Integrated Care Board (ICB) piloted the use of an E-Wallet to provide the one-off payments to support a safe and timely discharge of patients across four acute hospital trusts. The pilot, which started in September 2022, set out to establish value for money and the impact on patient flows and health and wellbeing outcomes.

Through a conversation with the patient, family and/or carers, hospital discharge teams explored and identified support that could be accessed via a short term (up to 2 weeks) PHB to fast track the support the patient needs to facilitate discharge home or to their usual place of residence.

WHAT IS AN E-WALLET AND WHY USE IT?

An E-wallet or digital wallet, is a bank card that is registered to named staff to purchase goods or services online, or in shops. It is linked to an online banking website that enables easy monitoring and reporting of transactions made. Each Integrated Care Board (ICB) in London is being funded to procure an E-wallet system and trial Discharge PHBs from at least one trust.

NHS London's Personalised Care team worked with London's ICBs to develop this system. The pilot is based on analysis that Discharge PHBs could be used to address up to 28.1% of cases where patients are staying in hospital longer than seven days. This is an equivalent of up to 399 bed days per week. If each ICB across London could save 45 days for the final quarter of 2022-23, it would represent good value for money for the NHS.



Originally discharge teams didn't have a way of procuring something that they knew could help a patient get home. Discharge managers were using their own money to quickly buy small purchases, and then reclaim money. It wasn't good they were using their own resources, and of course, there were implications around audit trails.

We wanted to implement PHBs for discharge because there was clear evidence on the potential for bed days saved and improved health and wellbeing. So, we focused our pilot on establishing value for money, as well as the impact on patient flows and outcomes. This would then help us develop a business case for future Discharge PHBs.

Kalwant Sahota, Programme Delivery Manager for Personalised Care, NHS North West London



THE METHOD



NHS North West London mobilised the pilot with all four hospital trusts, working closely with the discharge leads.

Thirteen discharge team staff across the trusts were identified as card holders of the E-wallet.



They held fortnightly mobilisation meetings with the E-wallet provider and discharge team/card holders.

There were monthly reports to identify key themes, pressure points and areas for exploring why delays in discharge occur, for example, the blitz cleaning).



THE RESULTS

44 discharge PHBs were delivered during the pilot, saving **198 bed days.**

The 44 discharge PHBs cost a total of **£2,442.76.** If the patients had stayed in hospital for the further 198 days, it would have cost **£158,400.**

Individuals supported with discharge PHBs were those not currently accessing **Continuing Health Care,** and therefore had low health needs, with little or no anticipated impact on primary care.

The PHBs delivered were usually for amounts up to **£200** but went up to **£350** for the purchase, delivery and set up of a bed.

The team identified use based on safeguarding the patient's return home, for example, ensuring groceries were in the house, beds and bedding were available to ensure they can sleep, or they had suitable clothing.

When there was a purchase over **£250,** there was a process to follow to ensure sign off and was usually only a small amount over, e.g. £10-15 for a handyman to build furniture or get a delivery.

A replicable model has been developed and the four Trusts across NWL are now taking up the offer to implement discharge PHBs at pace.

THE IMPACT



The team at NWL developed a **successful discharge protocol** for homeless patients and all **8 boroughs in NWL signed up**. Inclusion health teams worked with people with complex needs who were rough sleeping, and used PHBs to **help prevent discharge back onto the street**. They were able to help procure bridging accommodation, while permanent solutions were being arranged by local authority and housing association partners.

Other Discharge PHBs were used for bedding, mattresses, or clothing which couldn't be provided by the housing associations to make accommodation more suitable.

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PATIENT STORIES

George was unable to bear weight on his leg and needed to remain in a safe and warm place for two weeks, after which he had a permanent housing solution. He was found some temporary accommodation that was cheaper than a hospital bed and received a personal plan with support wrapped around his needs.

Mary had a communicable disease but was well enough to be discharged. Accommodation for her was found in an area they weren't familiar with so the discharge PHB was used for a food voucher that they could use online to arrange a delivery. This meant they didn't have to go outside in a place they didn't know. The person had been having issues with universal credit being deposited into their bank account so this was a stopgap measure that really helped.

Albert was partially blind and had experienced a stroke on a flight returning from overseas and now needed a wheelchair. He had had no home and so local councils were approached to help find suitable accommodation. The discharge PHB was used to purchase a phone, bedding, microwave and cutlery for £140 instead of him having to stay in hospital for another month.

John was admitted for acute confusion. Tests showed he was at his cognitive baseline but due to his stroke and expressive dysphasia, people had felt he was confused. Subsequent blood testing and CT scans came back unremarkable. He needed to go back to his shared accommodation, but had no food. This was because he had a joint benefit claim with his ex-girlfriend but the relationship had broken down. The discharge team were able to purchase food for two days as an interim measure until his social worker could arrange a package for care for him.

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Have a system in place and be flexible and pragmatic about what's needed. We found PHBs for discharge were mainly needed for suitable beds or bedding, because the patient's existing situation wasn't adequate. These are one-off payments, so while we could top up electricity and gas, to help someone get home, it wasn't used as a cost of living solution.

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Kalwant Sahota, Programme Delivery Manager for Personalised Care, NHS North West London

NEXT STEPS

The ambition is to submit a business case for a further two years, subject to funding.

The pilot team are meeting with teams responsible for virtual wards and remote monitoring for patients that are digitally excluded. They are exploring the opportunity to provide devices that are audio and visual capable and Wi-Fi accessible to see if discharge PHBs can help.

They are also looking at cohort expansion to children and young people PHBs and have sought expressions of interest from local Primary Care Network children's hubs to see what is possible for children experiencing poverty and health inequalities issues.



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The most important thing is that you don't have to delay a person's discharge and it doesn't have to be unsafe. Sometimes we will find the (homeless) patient a property, but we are worried who will fund the few things that are missing in the property. We feel if we discharge patient to such a place it would be unsafe, so this supports us to do a safe discharge without delay.

It will improve the patients' experience but will also make it a lot easier for the discharge staff too. It can help us avoid many painful conversations – asking people multiple times if there are family or friends to support them makes the patient feel sad there's no one who is helping them, and it's stressful for staff as well.

Using the PHBs like this reduces the helplessness of the patient and the staff. The patients feel reassured there is someone who can help them, and the staff feel empowered and get more job satisfaction that they are really helping people.

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Grace Jane George, Senior Inclusion Health Nurse, Homeless Pathway Team