

Slough CCG

Improving services to care homes to reduce non-elective admissions

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The setting

Slough Borough Council and NHS Slough CCG

The situation or problem

There are 8 care homes in the Slough area, with capacity ranging from 19 to 120 beds. They offer a variety of services, some offering residential care only and others offering nursing and/or intermediate care. The quality of service provision ranged from high quality to services that required improvement. Historically there has been a general over-reliance on acute services including A&E and ambulance services and there has also been difficulty in the retention of skilled nurses and carers. Slough Borough Council and NHS Slough CCG were aware of the challenges faced and wished to improve both the quality and value for money of services for their population resident in care homes.

What action was taken?

The organisations employed the NHS RightCare methodology (Where to look; what to change; how to change) to determine the best ways to address these issues

1. Where to Look

Data from a variety of sources were analysed to identify where the issues lay:

- The Local Authority has developed good Quality Assurance processes and gathers data regarding safeguarding alerts and pressure sores. There is a dedicated officer who reviews these data and also visits and reviews the care homes themselves.
- Within the CCG the pharmacy team conducts reviews around medication
- In addition the following data for each care home were provided by the CSU:
 - A&E attendances
 - Non-elective admissions
 - GP call-outs

2. What to Change

Local audit and inspection reports confirmed that there was inconsistency in the services provided in care homes in Slough

There were also high levels of admissions to secondary care. In 2014/15 there were 401 A&E attendances from nursing/residential care homes at a cost of £68,377. Of these, 350 were admitted at a cost of approximately £1,099,520; this represents a 6% increase on the year before (attendances for 2013/14 328).

From the non-elective admission data for 2014/15, it was clear that within the top 5 conditions, at least three (unitary tract, digestive and infection disease) were preventable through the GP supporting homes to provide proactive management of the patients' nutritional, pharmaceutical and medical needs.

3. How to Change

Initially the Local Authority and the CCG established a Multi-Agency Action Group with representatives from safeguarding, social care and intermediate care. This Group developed action plans with the dual purposes of:

- Improving care

- Reducing admissions

On the basis of the information available, and the experience of care home services in other areas, the Multi-Agency Action Group recognised that there were two main areas where significant improvements could be made and which, together, were expected to address the issues of care standards and also recruitment and retention of high quality nursing and care staff.

- Education and training of the nursing and care staff in the care homes

The skill levels of both nursing and care staff in the homes varied considerably ranging from excellent to poor. There was little consistency in the protocols and procedures followed. It was anticipated that better trained staff would not only improve the quality and consistency of care, but should also improve morale amongst staff leading to improved recruitment and retention

- Alignment of the care homes with specific GP practices

Each care home dealt with a number of different GP practices, with the largest working with 16 practices. Engagement with the practices was varied with regards to call-outs, follow-ups, prescriptions etc., and this was often an obstacle to delivering high quality care and the appropriate use of resources.

What action was taken?

Education and Training

Thames Valley Education Authority offered training and assessments in specific skills required for care home staff. The training included management of:

- Tissue viability
- Pressure sores
- Hydration
- Urinary tract infections

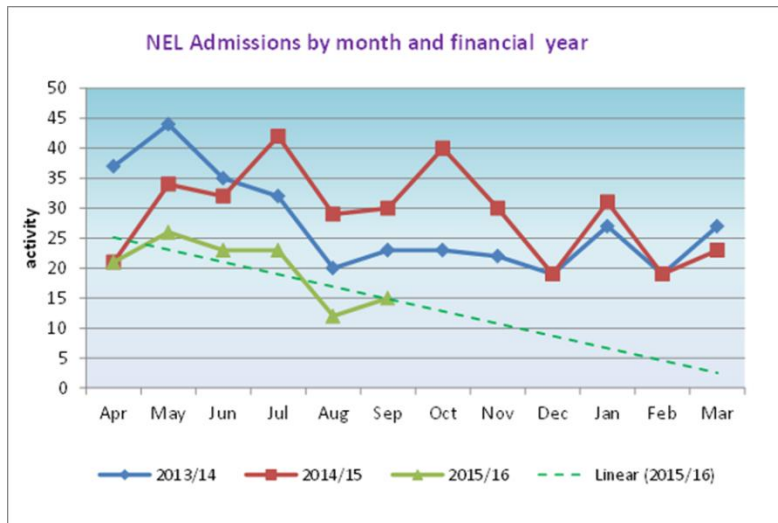
Bespoke training was provided within specific care home settings and also offered within training centres. There was very good take-up of the former but poor take-up when staff members were required to attend training centres.

Alignment of Care Homes with Specific GP Practices

For the purpose of this study, Rather than each care home working with a number of different GP practices, a specific practice was aligned with a care home. The pilot study focussed on the largest care home. This particular care home would otherwise have dealt with 16 GP Practices in and outside the borough of Slough. One practice was aligned with the care home – no patients were moved; the GP practice took on temporary registrations for patients in the intermediate care unit and a GP from the practice reviewed all acute admissions and call-outs. They additionally undertook regular walk-rounds, and post admission reviews.

What happened as a result?

- There were immediate improvements in terms of non-elective admissions (NELs)
- The figure below demonstrates a 60% reduction in NELs in 2015/16 compared with the same period in 2014/15.
- Financially, the largest care home made savings of £250,000 as a result of the reduced NELs
- It is anticipated that pharmaceutical and other costs will also have reduced as a result of the additional training of care workers and the medicines review undertaken by aligned GPs



- Training increased confidence amongst care home staff and opened doors to have a conversation within the care home to discuss and improve policies and procedures.
- One of the Care Homes retrained all its staff as a direct result of the feedback received
- Some recipients went on to other formal training

Next Steps

- The CCG and Local Authority are going out to tender for a GP-aligned service for all of the care homes.
- It is planned that the 8 care homes will each be aligned with one or two GP practices – depending upon the size of the care home.
- There will be market engagement with all Slough GPs as well as practices located on the borders of Slough

Lessons Learned

- The NHS RightCare methodology can be applied to identify services that can be improved
- Quality of care was improved when responsibility was clearly assigned

- Quality of care was improved through the delivery of standardised and targeted training of health care professionals
- Engagement with key partners was vital for delivering this redesigned service

Right Care Resource Centre

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

- Online learning videos
- Atlases, Spend and Outcome Tools
- Commissioning for Value tools
- Casebooks showing learning from early adopters
- Essential reading lists and glossary

www.rightcare.nhs.uk/resourcecentre