



SEVEN DAY SERVICES CASE STUDY

APRIL 2016

Lancashire Care NHS Foundation Trust

Delivery of a community based chronic obstructive pulmonary disease (COPD) pathway, seven days a week

AT A GLANCE:

- Lancashire Care NHS Foundation Trust has been commissioned to expand its COPD service from 5 to 7 days a week, as part of the Clinical Commissioning Group's (CCG) overall strategy to improve patient outcomes and experience.
- The team provides care to community based patients and also proactively identifies hospital in-patients with COPD to facilitate earlier discharge.
- Following introduction of the redesigned 7 day service, COPD emergency admissions have reduced by 12% in 2014/2015 when compared with the previous year, and length of stay has reduced by an average of 2 days per admission.

'Better care, better value' data, supported by local intelligence, highlighted a greater number of admissions for respiratory disease and COPD than for comparable populations and higher than expected hospital mortality rates. The acute trust had a high level of emergency admissions for COPD, which resulted in a zero to one day length of stay. National evidence suggests that short stay emergency admissions are avoidable if there is appropriate alternative community provision (Foster, 2012).

How the improvements were made

- A COPD network was established with representation from the CCG, acute and community trusts and the ambulance service. The acute trust appointed a clinical lead to provide clinical and managerial leadership for the project.
- The CCG supported the development of a shared vision for services across the hospital and community.
- The CCG funded two additional full time Band 6 nursing posts to enable the service to extend its hours and operate over 7 days. Weekend enhancements were paid as per Agenda for Change terms and conditions. This investment was recouped through reduced expenditure on admissions and upon the excess bed day tariff.

- The existing clinical and managerial team was engaged in developing the project from the outset. A critical mass of staff supported the expansion of the service from five to seven days as they believed it would improve patient outcomes and experience based on anecdotal patient feedback. The team were empowered to agree and organise the rotas themselves. The journey from planning to implementation took eight months (including recruitment). Contract variations were made to the service specification once the seven day model had been implemented and the predicted benefits realised, ensuring the service was funded on a sustainable basis.
- An ambulatory care pathway for COPD has been introduced within the Emergency Departments and Medical Assessment Units at the Royal Preston and the Chorley District General Hospitals. The pathway, based on NICE guidance, provides an alternative to admission for patients who can be safely managed through the COPD Intensive Home Support Service.
- An electronic tool has been introduced within the acute trust which provides the team with a live list of inpatients with COPD, enabling them to track patients' progress and develop packages of support to facilitate earlier discharge.

What was achieved

- A 70 bed virtual ward was created, open between 8am - 8pm, 7 days a week, delivering an intensive home based support service. Referrals are accepted from a variety of sources, including primary care. Patients are contacted within 2 hours by telephone during opening hours and receive a home visit within 24 hours of the team being in receipt of the referral.
- All patients accessing the service are given an individualised COPD Continuing Care Plan to assist ambulance crews if a patient on the caseload contacts them. Ambulance crews are encouraged to refer known patients, if clinically appropriate, to the intensive home support service, rather than taking them to hospital. Patients are also offered a "How Are You Today?" self-management plan. 1000 plans have been given out so far and the take up rate is approximately 80%.

What was the impact

Impact has been monitored for 12 months over which period the COPD Intensive Home Support service has received 1164 referrals. Of the referrals, 58% were referred from the community with the aim of preventing an admission. 42% of referrals came from Lancashire Teaching Hospital NHS Foundation Trust, with a request for the team to support earlier discharge or prevent admission from A&E or the Medical Assessment Unit onto the wards.

Comparing data for the 12 months prior to the service change and 12 months after:

- Admissions reduced from an average of 88 admissions per month to 81 admissions per month. Without the unprecedented rise in admissions over December and January (likely been caused by poor efficacy of flu vaccination) the average would have dropped to 76 admissions per month.

- Average length of stay, excluding 0-1 day length of stay, reduced from 9.2 days to 7.2 days.
- Number of 0-1 day admissions reduced from 17.3 to 16.3 per month.
- Number of readmissions reduced from 17.1 to 15.7 per month.

The team has provided favourable feedback about the changes, reporting greater autonomy and job satisfaction.

TOP TIPS

- Adopt a bottom up approach and maintain the clinical focus
- Identify who the key players will be and get them engaged, including those who may be opposed
- Give improvement measurement due attention from the offset
- Strategic vision, leadership and programme support from the CCG was critical to the success.

“Their prompt response to my call when I have a relapse ensures a quicker recovery and reduces my chances of being admitted to hospital... their availability is very reassuring and give my wife and I great peace of mind”

Patient

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