We are UHMBT

Together, we are creating a great place to be cared for and a great place to work

The South Cumbria Integrated Wellness Service

Thriving Communities Together
South Cumbria

CONTEXT

- One of the worst NMC2R in England
- Very traditional “Care of the Elderly”
- Positive disruptive clinical leader
- Strong Local Authority relationship
- Place-Based convenorship
- Early direct executive sponsorship
- Circumvented some internal rules

CHANGE

- Closed 20 ‘rehabilitation’ beds
- Significant staff, public, elected member, and media opposition
- Integrated Wellness Service: GP Clinical Lead, Case Managers, Pharmacists & Technicians, Patient Navigators, ACPs, OT, PT (14wte)
- Age UK: funded MDT contribution and direct 1:1 patient support

TARGET POPULATION

- Multiple long-term conditions
- Multiple ED attendances
- Multiple inpatient admissions
- Taking multiple medicines
- Multiple teams involved (NHS/non)
- Social isolation in many
- Early intervention opportunity

POPULATION ASSESSMENT

- ≥3 admissions to hospital, or 1 LLoS (14-days) within 12-months (n=835)
- 55% from most deprived postcodes
- 80% had a normal NEWS2 score on their last attendance at hospital
- <3% of the population = 31% of the annual acute hospital bed days
- 75% of the 835 people readmitted to acute hospital in ≤8-weeks

INTERVENTIONS

- Care coordination
- Specialist referrals and coordinated follow-up
- Community Therapy
- Medicines reconciliation
- Clinical interventions and monitoring
- Long term care plans & care packages
- Diagnostics
- Virtual ward step up: admission avoidance
- Financial support
- Befriending
- Mental Health services

FIRST 267 PATIENTS

- 595pts triaged; 267pts seen by IWS (45%); 63pts signposted (11%)
- **42%** fewer ED attendances (1.2 per 90-days, to 0.7)
- **62%** fewer emergency admissions (0.8 per 90-days, to 0.3)
- **66%** fewer occupied bed-days (7.9 per 90-days, to 2.7)
- Measurable QoL improvements: Mobility, Self-Care, Pain, Daily Activities, Anxiety & Depression

PATIENT STORY – MR.C

- 10 limiting co-morbidities
- Wife as main carer, no care package, local authority housing
- COPD/HF/DM management; Falls prevention; Meds management
- Benefits and council tax reclaims
- Virtual ward step-up
- Community Therapy
- End of Life care planning, including Hospice at Home
- Direct number for escalation
- **Pre-IWS**: 6 admissions/189 days
- **IWS**: 0 admissions/0 days

EARLY LEARNING

- Trio for success:
  - Positive disruptive clinical leadership (vs. formal/hierarchical)
  - Place-based convenorship
  - Direct executive sponsorship
- Pull-based, not referrals; links with wider admission avoidance work
- Regrets re. financial, health economic, and impact analysis
- Barriers to scale and spread