

Trust Board paper E

LLR emergency care system developments/improvements

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Inflow

Care planning

- Care plan access
- Care plan use – snap shot audit undertaken recently on cardiac arrest calls to nursing homes and DNAR / EOL plans in place.

Admission Avoidance

- Back office GP numbers for Care Homes and EMAS
- OOH direct line for Care Homes
- Falls – EMAS training and dedicated SPA line – expected non conveyance rate of 70%
- Older Persons Unit - Loughborough
- Community Response Team – City – non admission rate of 73%
- ECP's – West
- Nursing Home training – focus on high attendance/admission homes
- Night Nursing Service

Ambulatory Care

- Update of the Cellulitis pathway – re launch at the beginning of November
- UTI pathway - tasks and finish group meeting next week – will include UTI, urine retention and catheter changes.
- East have completed a review of GP use of existing ambulatory pathways – this will be rolled out in City and West
- More work to be undertaken in partnership to maximise opportunities

Discharge Oversight

- Discharge Steering Group – oversees the work stream :
- Activity monitoring – KPI's – over the last year whilst numbers haven't reduces the daily turnover has reducing bed days delayed from 500 to 300-250
- Oversight of Individual Service actions including providers, social care and CHC – specific actions being taken by county social care to support domiciliary care demand and although care packages have increase by 100% on the previous year demand is still outstripping supply in some areas. The Social Care team have introduced a number of actions to maximise availability of service including 2 week review processes.
- Identifying blocks to system delivery and agreeing actions and resources to address issues. The 3 key areas are described on the following slides

Discharge

Streamlining of the pathway with redesign of 2 key pathways

- Pathway 2 - Home with Support/reablement

Pathway is already underway within the County and links to the work on community service care at home

- Pathway 3 - Bed base reablement

Pilot is due to start at the beginning of November within the City .
Locations have been identified in the County and are progressing to pilot stage

Benefits

Avoiding CHC assessments within the acute environment

Optimising a patients potential – home earlier and reducing long term care demand

Supporting Discharge

Minimum Data Set

- There are currently 23 different discharge documents.
- There is no trust assessment process in place which means there are delays whilst care homes come in to assess each patient

Advantages of MDS

- Minimum data requirements agreed by all services to identify patient need
- Needs based assessment enables services to identified support required rather than a prescription for care
- Electronic data transfer is being pursued and currently at option appraisal phase. This will enable data to be shared electronically partners adding to the assessment rather than duplication of effort. This will also be shared with care homes to build towards trusted assessment. Interim solutions are in place to support the discharge pathway 3 pilot.

Continuing Health Care

Fast Track – LLR had the highest fast track numbers within the country

- It was used as a quick discharge route rather than a focus on patients who were moving towards end of life and required rapid support to go home or preferred place of death.
- This caused the process to be slow and delays occurring in setting up support packages.
- As a result many patients were on Fast track pathway for months / years which was exacerbated by a back log in the review process.
- Actions
 - Peer review of process
 - Revision of process and implementation of review findings
 - Education of care teams
 - Assurances processes put in place
 - Ensuring consent obtained for all patients
 - Reducing the 3 month review back log
 - Reallocation of patients to appropriate funding streams following review.
 - Data cleansing

The result of which has been a reduction in numbers of Fast track referrals by 30-50%

More rapid response for patients who need the fast track support

The movement of a forecast outturn of £25m to £15m (some of which has been transferred to mainstream funding.

Work is now moving forward to apply the review process to mainstream CHC funding.