Share your Fab Stuff! #FabAwards23

Title of innovation / initiative

- *Summarise your innovation / initiative – try to make it engaging!*

Creating and expanding integrated teams to provide acute level care at home:

As part of the COVID -19 response the east Kent Frailty Home Treatment Service (HTS) completely changed the way they were working, to care for older people at home to deliver a 'hospital at home'/virtual ward service, providing consultant-level support and urgent assessments 7 days a week, enabling people to be treated in the safety of their own home.

The service, which delivers care as part of the east Kent Health and Care Partnership (HCP) footprint, has since expanded to include the urgent acute community response teams (ART) and GPs (Complex-ART), seeing and caring for an average of 470 acutely unwell patients a month on a virtual wards (VW), who would otherwise be admitted to hospital. This integration and skill mix has allowed for expansion within a finite financial envelope and made the service more sustainable for the future.

Problem

- *Please clearly and concisely describe the problem that you were trying to solve.*

In 2020, GPs and community frailty specialists did everything they could to try to reduce the need for hospital admission for patients without covid-19, in light of the very real fear that they might acquire it whilst there. They also supported many patients dying at home from covid-19.

The team historically ran a community frailty service supporting community hospitals and providing proactive Comprehensive Geriatric Assessments (CGA) for older people living with frailty at home, working with community multi-disciplinary teams (MDTs).

They completely changed what they had previously done, to deliver a 'hospital at home'/virtual ward service providing consultant-level support and urgent assessments 7 days a week, enabling people to be treated in the safety of their own home.

Hospital is not always the best place to be:

- *for older people, who can become deconditioned, where muscles get weak. This means that staying in hospital may mean losing muscle mass and difficulty returning to normal daily activities*
- *for individuals with other underlying health conditions, which make them more susceptible to infection*
- *for anyone who is confused or anxious, as may make symptoms worse, or*
- *for anyone at the end of their life, where staying at home is their preferred choice.*

It matters to individuals if:

- *they are able to stay with family, have visitors, with the safety net of care provided by a multi-disciplinary team, checking vital signs (for example, blood pressure, breathing, heart rate etc.)*
- *they can remain as independent as possible; often a more comfortable place for people to be treated.*

Aim

- *What were you trying to achieve? Try and make it specific - how much and by when?*

Target for improvement

A SMART quantitative target was agreed:

- to increase bed usage on the virtual ward from 32 to 40 by improving allocation of tasks to the most appropriate member of the team.
- Timeframe Sept 2022 to April 2023.

The baseline data agreed was the average daily bed usage on the east Kent virtual ward, From 1 April 2022 to 18 September 2022, with average daily bed usage 31.85.

Plan

- *What did you do and how did you do it?*
- *What were the key steps / actions you took and changes you made?*
- *Did you use any improvement methodology or tools?*

It was agreed there needed to be a review of skill mix and ways of working, in order to get a model that was efficient and provided the same quality of care. It would also provide a blueprint for expansion that would be safe and economical.

1. Ashford and South Kent Coast ART Clinical Decision Maker (CDM) started to triage all ART and HTS referrals and allocate tasks from 19 September 2022.
2. Canterbury ART and HTS co-located to Queen Victoria Memorial Hospital from 7 November 2022.
3. Canterbury locality to have a full time CDM. New CDM supporting allocation of tasks from 6 February 2023 and full time in post from 19 April 2023.
4. Appointment of trainee Advanced Clinical Practitioners, as development posts.
5. Alignment with complex- ART in Thanet.
6. Working with acute frailty teams, with daily MDTs to support early discharge and admission avoidance at the acute front door.
7. Good working relationship with local ambulance colleagues (SECAmb), to take referrals directly from their stack, and 111 to refer into the virtual wards.
8. Wider engagement across east Kent in the development of virtual wards, especially with the use of remote monitoring equipment.
9. Engagement with system partners in development of the pathways.

Lessons learned sessions were held and quality improvement methodology (plan, do, study, act cycles), used. Pertinent information was recorded to support best practice across and shared with the other HCPs in Kent and Medway as well as on national NHSE webinars.

Benefits

- *What were the benefits of the innovation / initiative for patient experience, staff satisfaction, health outcomes and costs?*
- *If you can quantify the improvement or savings please also include numbers – this can help others produce a business case. If you have patient or colleague quotes, you can also include these here.*

As well as understanding the quantitative data (please see measures below), a rapid evaluation of the HTS was conducted by the University of Kent between March and August2022. A qualitative, multi-method approach was used, with the evaluation focused on the impact of the HTS from the perspective of service users and carers, staff, and wider stakeholders. It aimed to improve understanding of implementation processes (including 'success factors') and outcomes for patients, and to report on areas for improvement (See appendix 1.).

Benefits for patients and carers:

- Patients are seen by the most appropriate clinician first time, for their health needs.
- Improved patient journey by decrease in waiting times and more patients being onboarded to the VW.
- Visits happened in a timely manner, due to increased capacity within the home treatment service (HTS).
- Increasing patient choice and personalisation, to be seen and treated in their usual place of residence, in familiar settings, with family/friends.
- Avoids the risks of a hospital stay (deconditioning, nosocomial infections, increase in confusion for those with cognitive issues and or end of life care where preferred place of death was home).
- Patients/carers have been part of the pathway development throughout.

Benefits to staff:

- More time available for Advanced Clinical Practitioner (ACPs) and doctors to complete their role as diagnosticians.
- Having the CDM review all referrals to both ART and HTS has meant that the most appropriate clinician is allocated each task. This stopped the senior clinicians in HTS completing routine tasks, and allowed capacity for more complex visits.
- Nurses and HCAs are excited to upskill to perform tasks previously undertaken by very highly qualified and expensive diagnosticians.
- Colleagues are developing a culture of integration. They are enjoying working as a team and supporting their patients together.
- The HTS have recruited five additional staff into ACP roles which will increase potential capacity as they move through their training programme.

Benefits to the system:

- More patients being seen at home, lessening pressure on an already challenged acute Trust within east Kent.
- Patients being referred directly to the virtual ward directly from 111 and from South East Coast Ambulance Service stack; NHSE South East Data 17 August 2023, showed that Kent & Medway accounted for 43.8% of all referrals via 111 and 63.5% of all referrals via 999 (see appendix 3.)
- Provided evidence to the system that this approach was delivering care in the correct place, with greater assurance that continued investment would be value for money. In 2023/24 east Kent Health and Care Partnership (HCP) have added c£0.56m to the NHSE allocation of funding of c£1.275 (figure allocated for the Frailty element alone, not the total allocation to east Kent VWs).

Measures

- *Please share any measures that you used to discover if your initiative resulted in an improvement.*

Impact:

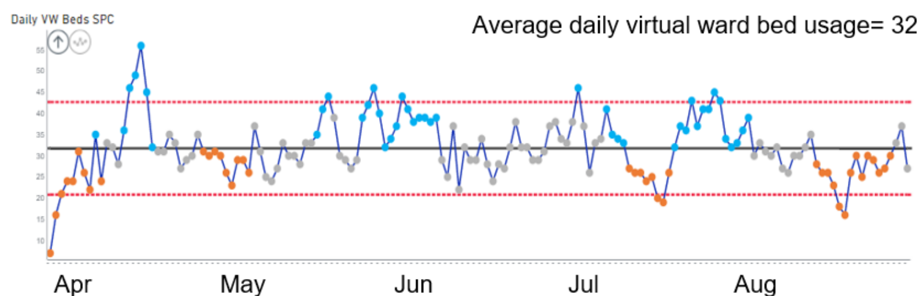
*The impact of the improvement could be seen from the end of November 2022 (see appendix 2.).

Data:

- Statistical Process Control (SPC) charts used to evidence the changes.
- The average daily bed usage increased from 31.85 in April 2022 to 40.7 since the end of November 2022 (SPC chart 1).
- Since December 2022 admissions to the virtual ward have been above 425 each month (SPC chart 2).
- As of August 2023, now seeing an average of 470 patients per month in the frailty virtual ward.

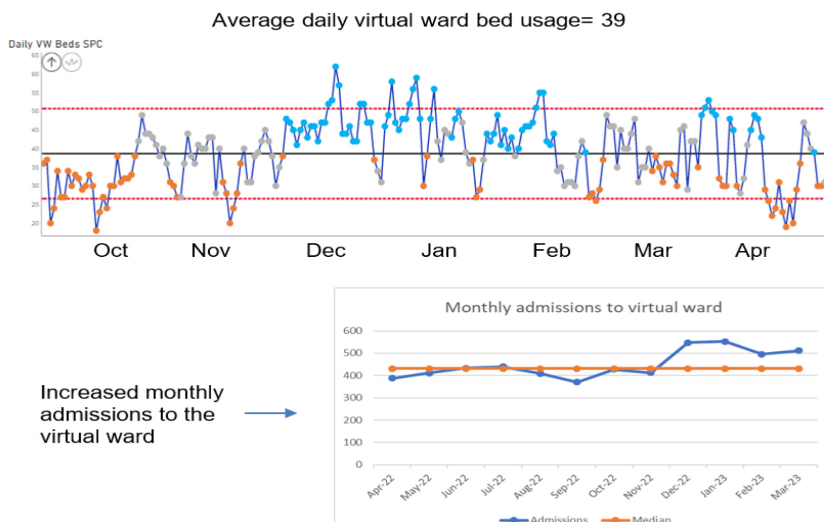
SPC Chart 1.

Baseline data from 1st April 2022 to 31st August 2022

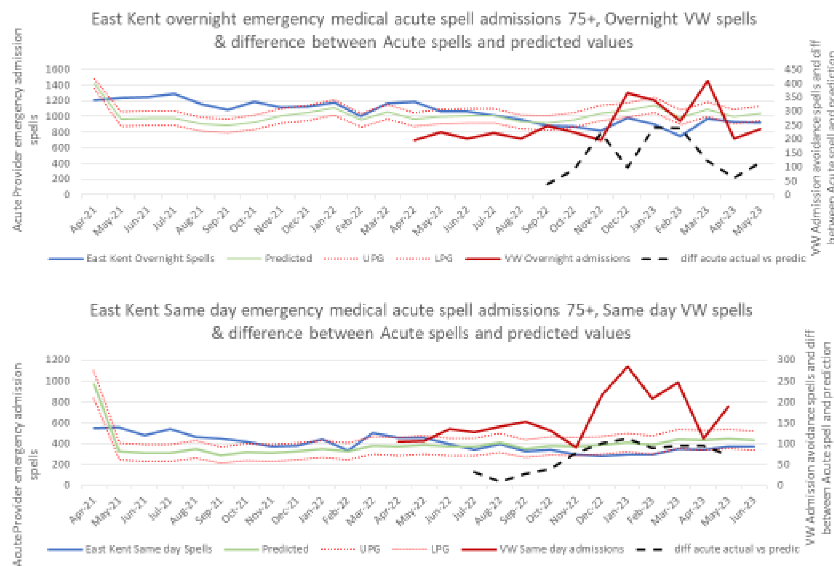


SPC Chart 2.

Improvement following implementation of changes from 19th September 2022 until 30th April 2023:



There is evidence in the impact of VWs: Analysis of Emergency medical admissions across East Kent, Acute provider spells and Virtual Ward admission avoidance spells, 75+ for Zero and overnight stays.



- East Kent acute provider medical emergency admissions spells 75+, fall below predicted levels for both zero length of stay and overnight admissions at the same time as Virtual ward spells escalate, notably from Nov 22.
- The black dotted line shows the difference between the acute provider spells against the predicted level.
- 40% of East Kent virtual ward admission avoidance spells have a Zero LoS.
- As a combined total between Sept 22 and May 23 there were 4117 VW spells and 1942 Acute spells less than the predicted volume of activity.

Data sources: SUS and SE VW patient level dataset collection

Resources / team

- *What did you need to make the change (equipment, budget etc)?*
- *Who was involved in making the change – did you involve patients and carers?*
- *Did you use evidence or build on ideas from other trusts or organisations?*

The service was expanded with the national ambition from NHSE, with additional funding made available. However, patients receiving treatment on the virtual ward were not always being seen by the most appropriate health care professional. The staffing model consisted of advanced clinical practitioners (ACPs) and doctors, doing tasks that could be completed by a nurse or healthcare assistant (HCA). Using expensive clinicians meant this model would become economically unsustainable if expanded in its current form.
It was agreed there needed to be a review of skill mix and ways of working, in order to get a model that was efficient and provided the same quality of care. It would also provide a blueprint for expansion that would be safe, economical and sustainable.

Key to development was the good working relationship with ambulance colleagues, who have been great supporters for reducing hospital conveyances, with a pathway agreed for paramedics on scene to contact the Frailty Team directly, with ability to refer to a virtual ward.

The other key enabler to being able to keep people at home was with the introduction of point of care testing for blood gases and early identification of infection.

Communications and engagement:
It is important people have voice in decision making and that users/public/carers are included as part of pathway development. Initially patients were mainly seen face to face, this is changing as we move to a more sustainable model and introduce technology for remote monitoring.

Wider stakeholder engagement and messaging was supported by the HCP communications and engagement team.

The Frailty Consultant Geriatrician is one of the national leads for Virtual wards.

The frailty team share learning via the NHSE Virtual Wards webinars, and at the same time gain valuable learning from other areas (also using the NHSE Futures Platform).

The team has also hosted visits from NHSE/government ministers and shared work locally, nationally and internationally (see links below.)

Stakeholder engagement session and outputs, held on 8 February 2023 (see appendix 4.)

Stakeholder sessions re the use of the remote monitoring equipment (see July bulletin below).

- East Kent HCP Bulletin March 2023 (Virtual ward stakeholder conference and links to videos)
- Frailty Home Treatment Service (virtual wards)
- THANET Acute response team
- East Kent HCP bulletin May 2023 (Barcelona Hospital at Home Congress and Health Minister visit).
- East Kent HCP bulletin July 2023 (User engagement for virtual ward technology)
- GP trainee sessions.
- Primary care network patient and public group meetings.

Key learning

- *What have you learnt from this project?*
- *What would you do differently if you did it again? What would you do the same?*

Key learning:

- Agreeing a common goal; in this case the need to keep as many older people in their usual place of residence to avoid the unintentional harm that a hospital stay creates.
- Factor in time for the relationship building and establishment of trust.
- Communication and engagement as mentioned above with staff and user engagement.
- Lessons learned sessions with quality improvement methodology.
- Pertinent information was recorded to support best practice across and shared with the other HCPs in Kent and Medway as well as on national NHSE webinars.
- The development of a Patient Safety Incidents Response policy by the community organisation, some of which is already reflected in the Kent and Medway Care Record Policy (KMCR). The same principles for joint investigations have been applied to any VW incident.
  *Providers across Kent and Medway are close to agreeing one that will ensue standardisation for the region.
- It is important that there is programme oversight for the delivery of cross organisational pathways; clearly defined governance, pathways and Memorandum of Agreement to ensure everyone understands their responsibility and accountability. Also, a process for managing risks and escalation of issues.
- Cross organisational data sharing and GDPR can be a barrier; presently there are workaround and duplication of effort in order to ensure the necessary information is being shared for patient safety. Moving forwards it is anticipated that the functionality of the KMCR will make this process easier.

The learning from this is being used to expand VWs capacity to include a wider cohort of patients; currently planning a more general VW to support the acute front door emergency department and same day emergency care), and also Paediatrics.

Tips for others

- *Who else can benefit from this work?*
- *What advice would you give to others doing the same thing?*

As well as described above, the approach to integrated virtual ward delivery is being seen as the blueprint for the development of Integrated Neighbourhood Teams across east Kent, as part of the work to embed the guidance from the Fuller stocktake report.

Contact name: **Mrs Cathy Bellman**

Contact email address: **cathy.bellman@nhs.net.**

Date of innovation / initiative: **8 Sept 2023**

Do you have any attachments?

- “A picture is worth a thousand words". Are there any photos or graphics that could help bring your story to life?
- Are there any supporting materials, documents, communications or other outputs that you used or produced that you could share to prevent others reinventing them?

If so, please upload them to the Fab site with this completed template.

Please see attached appendices 1-4.