

Case Study: Multi-Disciplinary Teams and Care Homes

Improving the response for people in urgent need

Identifying the opportunity to make a difference

Wakefield Clinical Commissioners, working with the Mid Yorkshire Hospitals NHS Trust, noticed that there were a large number of urgent care needs for residents at Care Homes in the area. This meant lots of 999 calls, frequent use of the ambulance service and a high level of admissions and spells in hospital.

Looking more closely at the nature of this urgent care need, it seemed that quite a lot could be addressed through better communication between the Care Homes, the Mid Yorks Trust, and the Older Peoples Mental Health teams. This included training, protocols and simple trust building between professionals from different areas.

Wakefield CCG set up a pilot scheme: a team involving professionals from a range of different skills worked with 15 of the 65 Care Homes in the area. One really important feature of the pilot was that they tracked a number of important measures – not just for the 15 Care Homes within the pilot, but also for the 50 other Care Homes not within the pilot.



Measuring the immediate impact

Through tracking some important measures, the CCG was able to conclusively demonstrate:

- A reduction of 16% in ambulance call outs to Care Homes
- A reduction of 12% in attendances at ED from Care Home residents
- A reduction of 15% of emergency admissions from Care Homes
- A reduction of 17% in emergency bed days for residents of Care Homes

This is all really positive: it is so much better for care home residents to receive the care they need without the disruption of ambulance and hospital.

Channel Shift Model

Measuring the system impact

By using the NHS England Channel Shift Model, it became clear that, although the impact of the pilot was entirely positive, the system impact was quite small. Working successfully with fifteen Care Homes, even the largest fifteen, does not shift the volume of urgent care activity needed to make a significant impact on the whole system.



However, the Channel Shift Model does show that taking a similar approach to all 65 Care Homes would result in a shift of urgent care activity that would be noticed in terms of easing the pressure on ambulance, on A&E and on emergency beds in the hospital. It might even result in net overall cost savings to the system of c.£1M.

Conclusions

The CCG and partners developed a very successful scheme. It made a positive difference for Care Home residents through providing the right care in the right setting, away from hospital.

The CCG was able to demonstrate and quantify their success through astute monitoring not just of the scheme itself, but also of the other relevant parts of the system.

The CCG ambition needed to be bigger – the Channel Shift Model showed how the success of a small pilot had to be scaled up significantly to have the system impact required.

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