NAIC 2015
Key findings

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Content

• Background to NAIC 2015
• NAIC: Key questions
  1. Does intermediate care work?
  2. Is it efficient?
  3. Do we have enough capacity?
  4. Is integration happening?
  5. What are the features of a good IC service?
Background to NAIC 2015
National Audit of Intermediate Care

- NAIC started in 2012, now in fifth year
- Partnership project with BGS and other professional bodies
- Service category definitions developed
- Examine variation and effective use of resources for intermediate care
- Introduction of service user questionnaires with standardised outcome measures
- Developed Patient Reported Experience Measures

Focus on quality and outcomes
Intermediate care definition

Explanation of intermediate care approved by Plain English Campaign
3 main aims
   1. Avoid going to hospital unnecessarily
   2. Independence after a stay in hospital
   3. Prevent move to residential care

Four service categories
   1. Crisis response
   2. Home based IC services
   3. Bed based IC services
   4. Re-ablement

Consistent with Halfway Home definition
Audit participation 2015

- 53 commissioning groups comprising:
  - 61 CCGs
  - 46 LAs
- 95 providers
- 340 services
  - 48 crisis response
  - 109 home based IC
  - 139 bed based IC
  - 44 re-ablement

Over 12,000 service user contributions
1. Does intermediate care work?
Online toolkit has individual service and service user results
## Service user outcomes

### Intermediate care goals met

<table>
<thead>
<tr>
<th></th>
<th>Goals met</th>
<th>Goals partly met</th>
<th>Goals not met</th>
<th>Goals not set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>72%</td>
<td>16%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Bed</td>
<td>77%</td>
<td>14%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Re-ablement</td>
<td>53%</td>
<td>21%</td>
<td>9%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Goals are met in whole or part for more than 88% in health based IC
Selection of PREM results from NAIC 2015

Maintaining social contact
Since having care from this service, my ability to maintain social contact has improved

Answer: Yes, definitely
- 50%
- 48%
- 47%

Treated with respect & dignity
Overall, I felt I was treated with respect and dignity while I was receiving my care from this service

Answer: Yes, always
- 98%
- 92%
- 96%
PREM summary score

- PREM summary score – to be used to measure individual service improvement, rather than between services
- PREM summary score to be published in the bespoke dashboard reports – NEW for 2015

PREM summary score: home and re-ablement

PREM summary score: bed
PREM open narrative question analysis

Home based – open narrative question

Most common issues cited for improvement:

• Joined-up, appropriate, timely and informed services
• Time for visit/treatment
• Communication, attitude and attention

“My mother had no idea, that the service was going to stop as explanations, were rarely forthcoming”

“Having to wait from Friday - Monday before able to leave hospital”

“Carer time was often too late in the morning so I got up myself and washed as best I could”
2. Is intermediate care as efficient as possible?
Cost per service user

- Cost per service user NAIC 2015:
  - Home £1,205
  - Bed £5,672
  - Re-ablement £1,484

Cost per service user (£)
Length of stay (in days)

- No evidence of “correct” length of stay to optimise outcomes
- Average length of stay is fairly stable across all service categories
- Mean in the range 25 to 35 days
Length of stay

Wide variation across individual services (range 50 days to 9 days), mean 26.8 days (NAIC 2015)

Average length of stay in days (bed based)
3. Do we have enough capacity to make a difference?
Scale: has investment increased?

- NAIC 2012: IC capacity needs to double
- No evidence of material increase in budgets nationally
- Re-ablement investment has decreased this year

Commissioner budgets for IC per 100,000 weighted population (£m)

![Bar chart showing budget comparisons across years for Home based, Bed based, and Re-ablement services.](chart)
Signs of pressure on capacity: waits

- Waiting times increasing trend
- Over 6 days in home based
- Waits for beds static: referral to commencement 3.0 days
- Re-ablement 8.7 days

Average waiting times from referral to assessment (days)
4. Integration – is it happening?
Integration
Strategic level

<table>
<thead>
<tr>
<th>Use of Section 75 pooled budgets</th>
<th>Joint Strategic planning</th>
<th>JSNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>52%</td>
<td>92%</td>
</tr>
<tr>
<td>2014</td>
<td>38%</td>
<td>88%</td>
</tr>
</tbody>
</table>

Progress at the strategic level

National Audit of Intermediate Care
2015
# Integration

## Operational level

<table>
<thead>
<tr>
<th>Work to do at operational level</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Single patient record</td>
<td>25%</td>
</tr>
<tr>
<td>Single management structure</td>
<td>33%</td>
</tr>
<tr>
<td>Trans-disciplinary roles</td>
<td>31%</td>
</tr>
<tr>
<td>Joint training and induction</td>
<td>25%</td>
</tr>
<tr>
<td>Weekly MDT</td>
<td>69%</td>
</tr>
<tr>
<td>Single performance management framework</td>
<td>31%</td>
</tr>
</tbody>
</table>
5. What are the features of a good IC service?
Relationship between staff contact and outcomes

- Service user audit suggests outcomes improve as number of staff types involved increases.
- Consistent with research evidence on the effectiveness of multi-disciplinary teams.

**Graphs:**

1. Number of staff types involved in providing care vs improvement in Barthel outcome score.
2. Number of staff types involved in providing care vs improvement in Sunderland outcome score.

*Source:* National Audit of Intermediate Care 2015.
Discipline mix within intermediate care

- Crisis, home and bed dominated by registered nurses and health care support workers
- Re-ablement 56% social care support workers
- Variable therapy input
- Mental health workers rarely included
Access to mental health

- Most common method direct referral to mental health (more than 45%)
- 34% of home services have to request GP to make referral

Crisis, Home, Bed, Re-ablement

National Audit of Intermediate Care 2015
## Care planning

### Service user level data

<table>
<thead>
<tr>
<th></th>
<th>Care plan documented</th>
<th>Care plan reviewed</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>86%</td>
<td>73%</td>
<td>71%</td>
</tr>
<tr>
<td>Bed</td>
<td>98%</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td>Re-ablement</td>
<td>93%</td>
<td>76%</td>
<td>75%</td>
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National Audit of Intermediate Care 2015
National Audit of Intermediate Care 2016

Registration now open for the NAIC 2016

To register for the 2016 project please log-in to the members’ area of the Network’s website. http://members.nhsbenchmarking.nhs.uk/login

New log-in details can be obtained by emailing jessica.grantham@nhs.net.

For further information please contact Jessica Grantham jessica.grantham@nhs.net - 0161 266 1909
Questions and comments

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