Care of older people in acute settings
NHS Benchmarking Network findings

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Introduction to the Network & work programme

- Mental Health inpatients
- Community Mental Health
- CAMHS
- Learning Disability
- Community Services
- Community Hospitals
- Integration
- Medicines Optimisation
- Urgent Care
- Planned Care

- Emergency Care
- Radiology
- Pharmacy
- Theatres / Planned Care
- Older People
- Acute Therapies
- Intermediate Care

- Shared & Corporate Services
About the benchmarking project

- Second iteration of benchmarking project
- 2015 cycle has collected data on 2014/15 outturn position
- Project concentrates on 4 aspects of the acute pathway:
  - Admission avoidance in A&E
  - Assessment Units
  - Inpatient wards
  - Supported discharge
- Collects data on:
  - Service models, activity, finance, workforce, quality & outcomes
  - New service user audit added this year (27 trusts / LHBs participated; 1350 items of service user level data)
- 47 organisations in England & Wales submitted data (53 submissions)
- Results are in their final form. National report will be circulated in March 2016
- Project will run again in 2016 collecting 2015/16 outturn data
Pathways and protocols

- 59% have a recognised frailty tool/pathway in use
- 64% have a clearly defined strategy/operational policy for the delivery of acute medical care to Older People
- 69% have pathways which clearly state the roles and relationships between A&E, assessment units and the wards

100% have a designated Clinical Lead for Older People’s services in the Trust/LHB
Spend on older people’s services

Across older people’s services in acute setting
- Bank spend – average £787,000
- Agency spend – average £1,126,000
- Overtime spend - £68,157
- Scale of OP spend 5% of total Trust spend

Total costs (£)
- Supported discharge process
- Admissions avoidance in A&E
- Assessment units
- Care of elderly (inpatient wards)
## Teams available in A&E

<table>
<thead>
<tr>
<th></th>
<th>Dedicated geriatric team</th>
<th>Therapy team</th>
<th>Social work</th>
<th>Supported discharge team</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Trusts with teams available in A&amp;E</td>
<td>34%</td>
<td>93%</td>
<td>61%</td>
<td>46%</td>
</tr>
<tr>
<td>Weekday hours available</td>
<td>9.4</td>
<td>10.0</td>
<td>8.7</td>
<td>10.0</td>
</tr>
<tr>
<td>Weekend hours available</td>
<td>4.4</td>
<td>7.6</td>
<td>6.9</td>
<td>6.9</td>
</tr>
</tbody>
</table>

- Where teams are present, all teams show reduced hours on weekends
- Largest difference in dedicated geriatric team
Frailty units

- 42% of participating Trusts have frailty units
- 63% use a recognised frailty tool within the frailty unit
- 11% provide outreach services working with primary and community care to find individuals at risk of admission
- 89% of units have other services providing in-reach to the frailty unit to pull out appropriate patients

- CGA takes place on 86% of frailty units
- 95% of units have a dedicated geriatric team
- 74% report that the hospital discharge team provide dedicated support to the frailty unit
Short term assessment units

- 73% of organisations have a short-term assessment unit
- 26% have a dedicated geriatric team located in the short term assessment unit
- 47% of short term assessment units use CGA
- 85% report some other services provide some form of in-reach

- Senior medical cover 16 hours (out of 24 hours) during the week, 15 hours at the weekend
Inpatient care

Total number of spells

- Spells with LOS > 21 days: 6%
- Spells with LOS between 3 and 21 days: 35%
- Spells with LOS <= 2 days: 60%

Total number of occupied bed days

- OBD for spells with LOS <= 2 days: 8%
- OBD for spells with LOS > 21 days: 45%
- OBD for spells with LOS between 3 and 21 days: 47%

Total number of occupied bed days for spells with LOS <= 2 days: 60%
### Discharge process

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your Trust operate a ‘Discharge to Assess’ model?</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Does your Trust operate any Early Supported Discharge schemes?</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Does the IDT have access to dedicated pharmacy advice for supported discharges?</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Does the Trust have access to specialist transport schemes to expedite the discharge of patients from hospital?</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>Are any third sector schemes in place which have been commissioned to help with the discharge process from hospital?</td>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Delayed transfers of care

- Care of older people ward DTOCs 38% of total Trust DTOCs (mean value)
Medication errors per 100 care of older people beds

- Medication errors average 64 per 100 care of older people beds
- Wide variation shown
- Serious incidents – 12 per 100 care of older people beds
- 0 never events

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Proxy frailty codes chosen by BGS Clinical Quality Group.

46% of primary ICD-10 codes on admission were proxy frailty codes – conditions associated with frailty.

54% were other.
Service user audit

Previous admissions

- 55% had a hospital admission within the previous 12 months
- 20% were emergency hospital re-admissions within the last 30 days

CGA

- 76% received CGA which was fully documented
- CGA was delivered in the following settings:
  - 49% received on assessment unit
  - 49% on inpatient ward
  - 2% in A&E
PREM results

I was given enough information about my treatment

- Not enough
- The right amount
- Too much

My treatment and care did not change at the weekend

- No it did not change
- Yes it did change
- Don't know

I was aware of what we were aiming to achieve in terms of my health and physical abilities

- Yes
- No
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