“Home First”

Risk share/ benefit share arrangement to support more people going home faster

Sarah Valentine (Bexley CCG) & Tom Brown (London Borough of Bexley)

NHS Bexley Clinical Commissioning Group

Home First Team Bexley

LONDON BOROUGH OF BEXLEY

Background and context

Situation analysis:

Lewisham & Greenwich Trust failing to deliver on A&E standards

Needs

Whole system identification, ownership & acceptance of drivers

One Version of the Truth

(OVT1 & 2)
2015 & Jan 2016

Whole System analysis of the problems for Lewisham & Greenwich Trust and Partners

Business Case 1
Whole System

Lean Processes 2016

(for complex discharge patients)

Showing the problem & the opportunities

Business Case 2

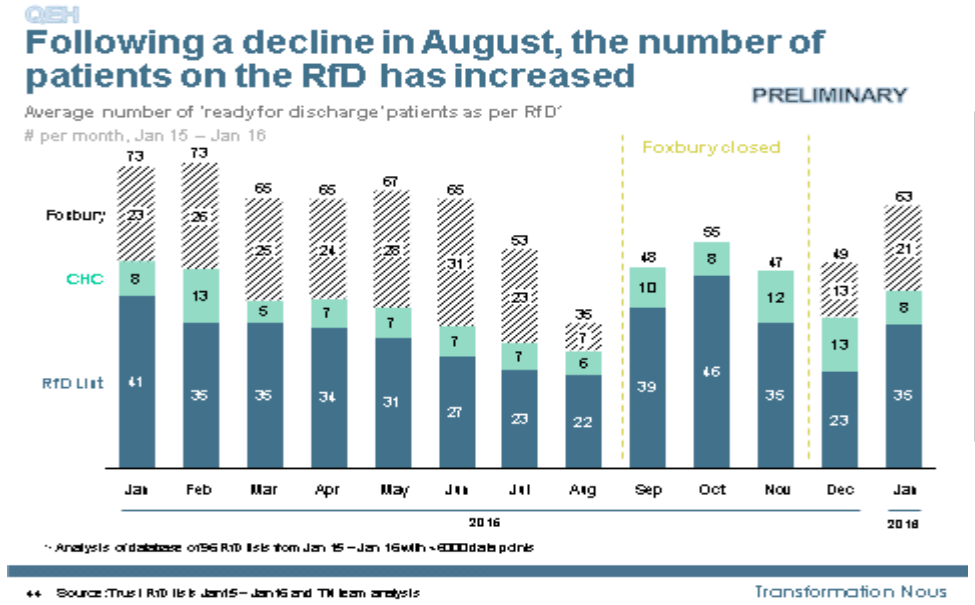
Home First Team Bexley

(improving complex discharge patient pathways including avoiding further admissions)

Providing a response & solutions

Response & Flow is the issue e.g.:

1. Specialty response to ED
2. Discharges pre 13:00 (lack of) inc. simple
3. Complex discharges – patients and bed days consumed
4. Ambulatory care and admission avoidance
5. ED process including CDUs and also RATing



Jan '15 to Jan '16 – Queen Elizabeth Woolwich site only – patients on RfD averages 63 patients Jan 16 (20% of bed capacity)
All CCGs

Lean Processes Business Case

Business Case 1
Whole System

Lean Processes 2016

(for complex discharge patients)

Showing the problem & the opportunities

Detailed analysis of the Ready for Discharge (RfDs) – and clinical analysis of a group of patient pathways which showed:

6 Patient Case Studies Opportunities to Reduce Care Days through Lean Processes

Patient	Primary admission condition	Number of days on RfD Actual	Number of days on Lean RfD	Saving in bed/ care days to discharge
Patient Agnes	Infection	126	23	103
Patient Bert	Trachy malfunction	163	5	158
Patient Cathy	Unspecified anaemia	119	7	112
Patient Doris	Fracture Neck of Femur	67	3	64
Patient Edward	Acute infection	49	20	29
Patient Frank	Urinary Tract Infection	24	2	22
Sub total Care Days post medically fit		**548**	**60**	**488**
Cost for care days using ExBD		**£132k**	**£15k**	**-£117k**

Lean Processes Business Case

Business Case 1
Whole System

Lean Processes 2016

(for complex discharge patients)

Showing the problem & the opportunities

Issues identified:

1. EDD/ NOAs and NODs – not being completed (**lack of Care Act compliance all orgs**)
2. **Lack of** parallel processes & **join up**
3. **Time taken overall** (& wasted resources)
4. **Data on patients is inaccurate** & a lack of live information between agencies
5. **Poor patient pathway** (leading to reduced rehabilitation potential and disproportionately high residential care)
6. **Collective change at pace**

Agreed Initiatives for the Whole System
1. **Develop One** (electronic) **List**, daily, accurate, shared & updated
2. Introduce the identification of **Estimated Discharge Date (EDD)** within 24 hours of admission (Trust) & ensure **Assessment Notification in line with Care Act 2014**
3. **Reduce Trust paperwork processing** to a maximum of 3 days
4. **Social Care: Instigate and maintain agreed timescales** between paper work, panels and packages of care
5. **Introduce Discharge to Assess (D2A) & other services**

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Business Case 2

Home First Team Bexley

(improving complex discharge patient pathways including avoiding further admissions)

Providing a response & solutions

Pilot of a range of services around QEH site:

1. Increased packages of care via London Borough of Bexley including Discharge to Assess
2. CHC interim placement beds and also EOLC additional fast track beds
3. Senior clinical flow manager
4. Additional winter beds as required and reducing LOS on existing SUSD beds
5. Increased admissions to be avoided
6. Integrating teams virtually using Home First Team brand

Complex discharges: Over 65s Target £1m per annum saving in Excess Bed Days

Reinvest £650,000 in Social Care Services

35% saving (return on investment) to the CCG

Risk / Gain share agreed

Social Care Investment for
Social care additional staffing
Care packages (basic level, enhanced levels, and emergency respite services)
Above delivers Discharge to Assess (D2A) services, plus increased discharges

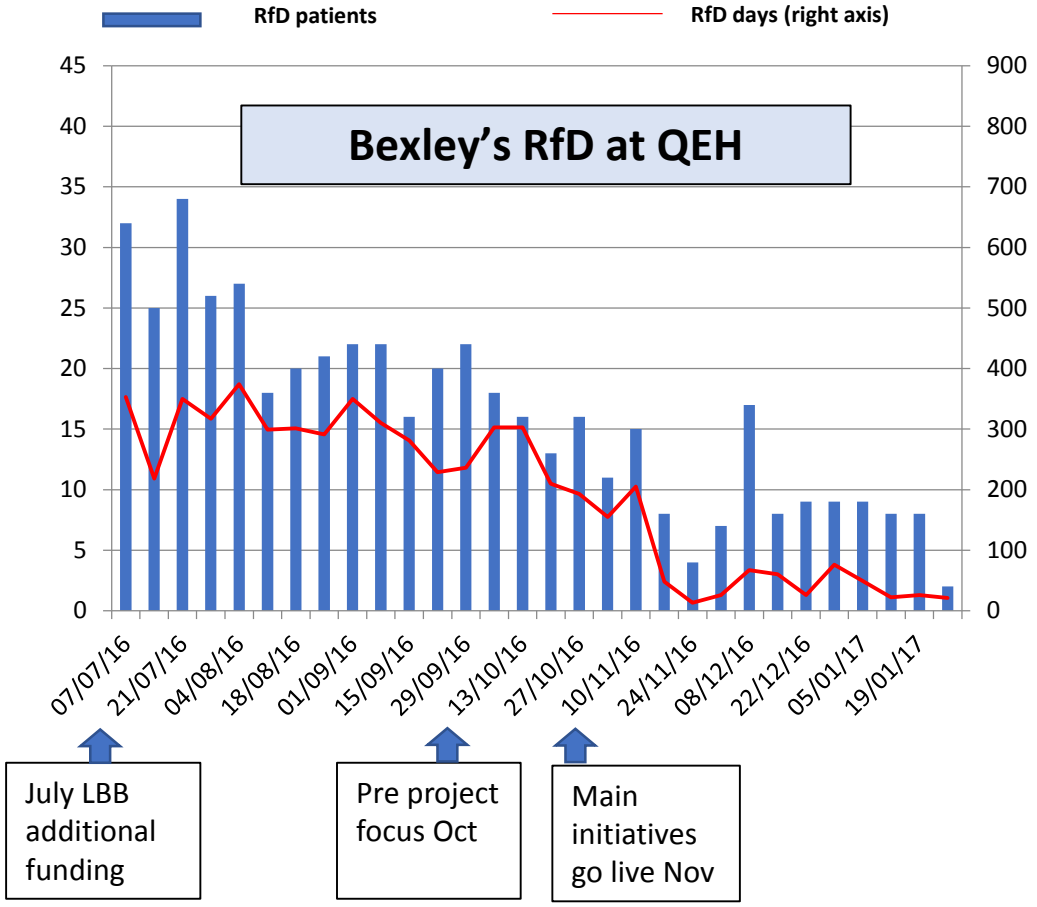
Improve productivity in existing contracts:

- Increasing admissions avoided -£217,000 per annum
- Reducing ALOS on intermediate care beds 3 days per bed

Plus winter resilience funded services:

- CHC step down and Fast track EOLC beds
- Additional SUSD beds for main winter

RfD list at Queen Elizabeth Hospital



Key facets:

1. Whole system change (shared ownership & incentives)
2. Multiple solutions to address patient pathways
3. Determination & conviction "driving change"
4. Personal director level leadership, commitment and involvement (Super 6) individual patients
5. Pre-planning with the ability to change rapidly (responding to a situation)
6. Shared learning
7. Joint multi agency working