The need for system transformation to improve DTOCs

Victoria Bennett
NHS England
THIRD WORLD A&E

10 hospitals in crisis
Worst wait in 10yrs
Car park care tent

Emergency Department

Daily Mail

A&E CRISIS WORST FOR TEN YEARS
The issue with delayed discharge

- 10 days of bed rest (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80

- Gill et al (2004). studied the association between bed rest and functional decline over 18 months. They found a relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity, and social activity.

Out-of-Hospital Urgent Care Programme

Integrated Urgent Care (NHS 111)

Digital Urgent and Emergency Care

Independent Care Sector Programme

Keeping People Well and Stable (Pharmacy and Dental)

First class out-of-hospital urgent care

Community Services and Hospital Discharge
Community Services and Hospital Discharge

The aim of the workstream is to identify and deliver a series of interventions which will achieve system-wide transformation of community services, supporting more timely discharge from hospital, reducing the strain on the acute sector, and achieving the efficiency gains set out in the Five Year Forward View.

Five core areas of work are summarised below:

1. **Hospital Discharge**
   - Delayed Discharges Dashboard
   - Discharge to Assess Open Days
   - Trusted Assessor
   - Proactive and Safe Discharge CQUIN
   - Quick Guide: Integrated Discharge Teams
   - Behavioural and Market Research

2. **Community Services**
   - Community Health Services Strategy and improvement support
   - Community Health Services Dataset

3. **Continuing Healthcare Assessments**
   - Linking work with CHC and Discharge
   - Work is also being drawn up as part of the CHC strategic improvement programme.

4. **Voluntary Sector**
   - Work is currently being scoped in collaboration with colleagues in the Voluntary Care Sector

5. **Community Services and Discharge**
   - Development of metrics
   - Aligning community pharmacy with acute services
   - Development of a central executive group
Independent Care Sector Programme

- Launched following discussions Winter 2014/15
- Steering Group – wide range of stakeholders – independent care providers and representative bodies, Care England, ADASS, LGA, DH.
- 4 work streams
- Formal links with DH Care Markets Programme and Cross-Governmental Discharge Programme Board
The Quick Guides

- A suite of published Quick Guides can be found at [www.nhs.uk/quickguides](http://www.nhs.uk/quickguides).

1. Quick Guide: Improving hospital discharge to the care sector (October 2015)
3. Quick Guide: Clinical input into care homes (October 2015)
5. Quick Guide: Technology in care homes (October 2015)
7. Quick Guide: Supporting patients’ choices to avoid long hospital stays (March 2016)
8. Managing care home closures (July 2016)
9. Quick Guide: Discharging to Assess (September 2016)
10. Quick Guide: Health and Housing (October 2016)
ICS Programme Deliverables

Materials and guidance:

• To promote NHS, care homes, homecare and housing providers and commissioners to work together.
• To improve the health and care that care home residents receive.
• To improve the quality and patient experience of discharge to the independent care sector.
• Learning Lab with the Care Home Vanguards.
• CCG Engagement Programme for Health and Housing webinar series
ICS Programme Deliverables

Coming soon....

Quick Guide: Integrated Discharge Teams
Quick Guide: Sharing Patient Information (updated version)
Quick Guide: Upskilling staff in care homes
Quick Guide: Accessing urgent care services for care homes
Care homes data project
Homecare in Hospital project
The importance of Collaboration

- The most striking differences between improving and deteriorating sites were not the presence or absence of specific services, but overwhelming differences in leadership, culture and strategic development at the whole system level characterised by strong stable leadership, a shared vision and strategy, and common values across the system.

Andrew Wilson et al (2014) Establishing and implementing best practice to reduce unplanned admissions in those aged 85+ through system change.
Please get involved…

Please get in touch if you are interested in joining us in our work:

England.ohuc@nhs.net