

# Reducing DToCs in Nottinghamshire

**Initial discussions about scope were held with system leaders, made up of senior clinical and executive leaders from health, social care, third sector and patient involvement groups across Notts.**

It was agreed that the Home First / D2A group would refine the scope and oversee and co-ordinate the programme. This is an operational level group representing the organisations across Notts and reports into the A&E Delivery Board.

## Aims and scope

# 4%

rate of DToC before the project began

- 1 To understand when and how patients are being identified as having 'enhanced care' needs, including variation in the assessment processes.
- 2 To understand the impact of this assessment on the options and delays for their ongoing care.
- 3 To review the application of DToC coding, especially where delays are coded as 'Choice', and agree a standardised approach across the system.
- 4 To explore out of area delays and agree a standardised approach across the system.

## Approach

**"The Notts team made full use of the programme's national events, workshops and webinars to develop their DToC thinking. Alongside the group development work, coaching was provided to system managers. This included advice on team development and leadership, measurement for improvement and support in using the NHSI national DToC improvement tool."**

Kay Parker  
Integrated Discharge  
Function Manager



### Agree plans for tackling out of area DToCs

A dedicated out of area DToC meeting was facilitated between the Leicestershire and Nottinghamshire systems to understand each other's position, develop principles for managing out of area patients and agree some reciprocal arrangements. This work is now being extended to cover Lincolnshire and Derbyshire.

### System wide work on community and mental health DToCs

System partners maximised the national events, workshops and webinars to develop their approach and learn from other systems' experience. This led to agreement about key priorities, such as consistent DToC process including discharge policy, supporting education programme and the need for an embedded trusted assessment approach and better measurement of patient experience and outcomes. This was supported by development of a sustainability plan to support ongoing improvement after the programme's completion.

### Integrated team workshops

To embed the system approach, two all day workshops were held with 40 staff from the health and social care Independent Discharge Facilitation (IDF) teams working across Notts. This led to a jointly agreed and owned plan such as one integrated discharge team across the system using consistent language and processes, simplified pathways including improved access to community facilities, a shared electronic transfer of care form and improved communication within and across teams.

### A learning approach

The Notts team made full use of the programme's national events, workshops and webinars to develop their DToC thinking. Alongside the group development work, coaching was provided to system managers. This included advice on team development and leadership, measurement for improvement and support in using the NHSI national DToC improvement tool.

## Achievements

# 2%

reduction in DToCs overall over the six months of the project

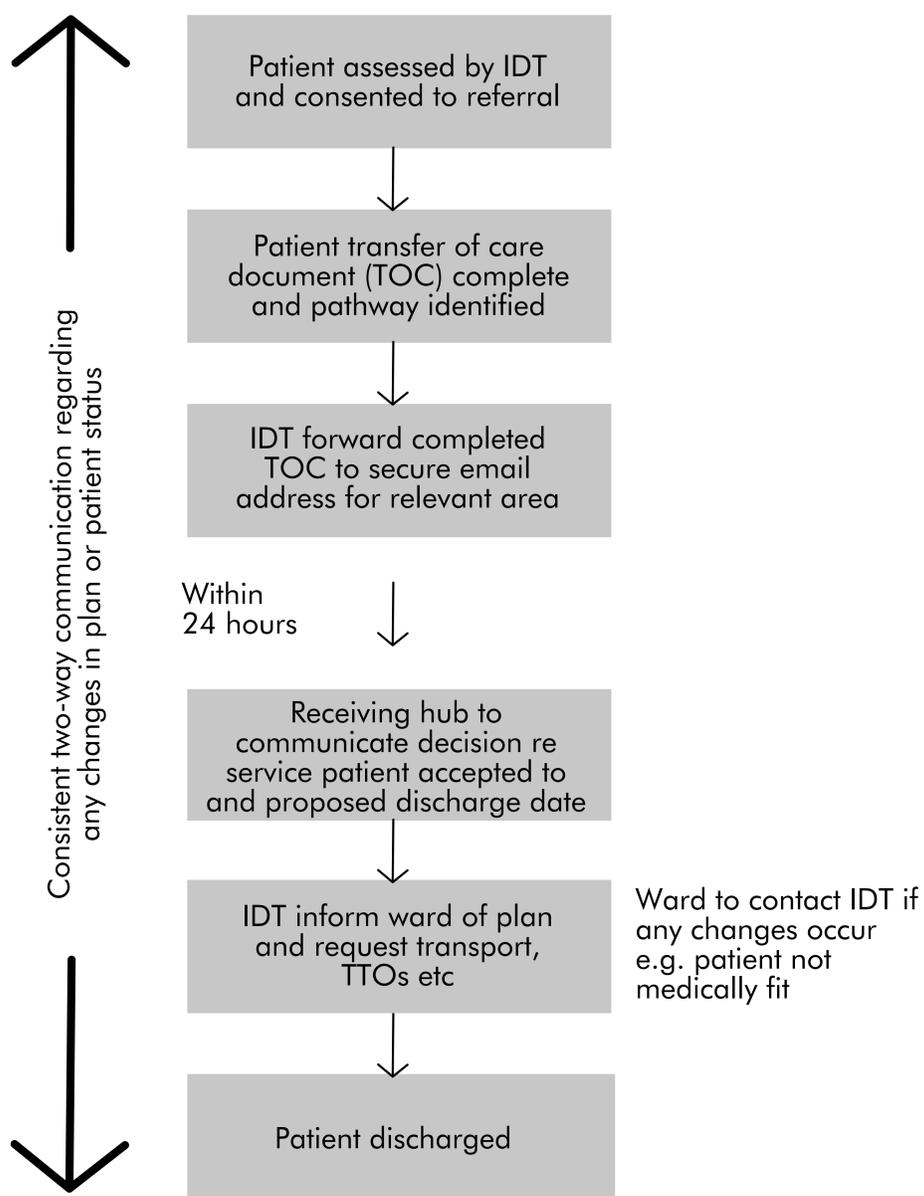
- ✓ Reduction in patients experiencing delays overall, including those waiting to be discharged who are medically safe to be so
- ✓ Agreed system wide policies for managing DToCs including discharge policy
- ✓ A shared process for managing out of area DToCs with Leicestershire
- ✓ An integrated health and social care discharge team starting to work to shared policies
- ✓ A 'sustainability' assessment and plan supporting ongoing improvement after the completion of the DToC programme

## Using process maps

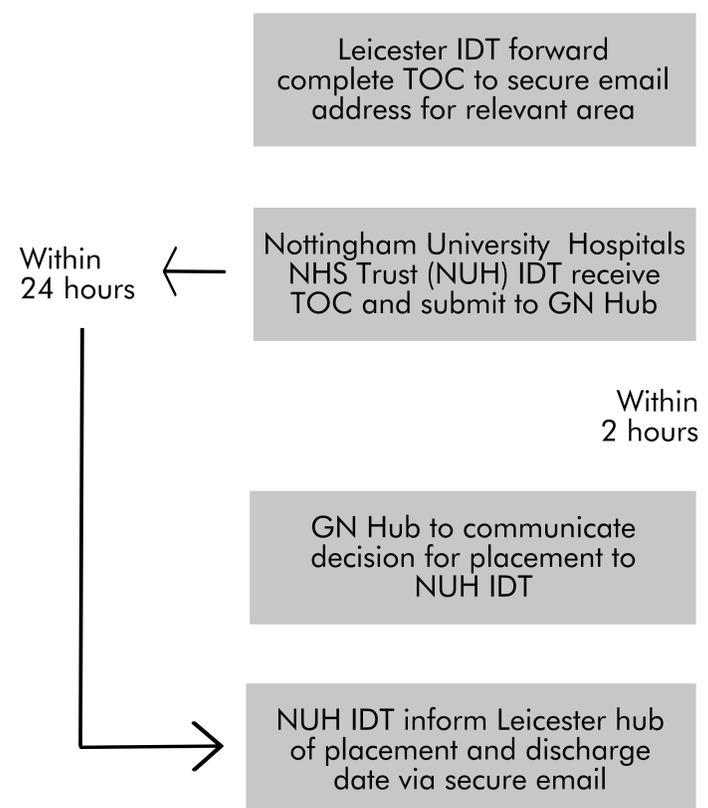
As part of their approach to tackling DToCs, Nottinghamshire identified early on that they wished to address the issue of out of area patients in conjunction with Leicestershire colleagues. NHS Elect therefore facilitated an initial session between both systems, attended by commissioner, provider and local authority representatives from both systems. (The detailed aims and outcomes of this session are included in the final programme report).

Having spent some time getting to know who everyone in the system was and agreeing some simple communication arrangements, they started to develop process maps for the current and planned systems. Process maps are an excellent improvement tool for understanding the current process, ideally putting numbers to them in terms of times and volumes. These then often lead to a greater understanding of what is really happening and shows opportunities for improvements. It is also possible to then map out the desired process.

### D2A process for referring out of area (OOA) patients



### Greater Nottingham (GN) receiving referrals for OOA patients



The process maps shown here have been produced by both teams and are work in progress identifying the current arrangements to then develop a proposed future pathway. These are subject to ongoing development work between the two systems. More detail is included within the final programme report.

## Find out more

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