Emergency Care Improvement Programme

Safer, faster, better care for patients

NHS

ECIP Case Study – South Manchester

System Name

South Manchester Rapid Response Service

The Emergency Care Improvement Principle

To provide a highly responsive service for adults with urgent care needs that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families.

Our Challenge

People aged 65 and over make up 16 per cent of the population nationally and occupy almost two-thirds of general and acute hospital beds, accounting for one-half of the recent growth in emergency admissions. Population ageing is projected to continue, with the number of people in the UK aged 65 and over increasing by nearly two-thirds to reach 15.8 million by 2031. The greatest population increases are projected for the oldest of the older age groups. By 2031, a 77% increase is expected in the number of those aged 75 and over with a 131% increase in those aged 85 and over.

South Manchester in particular has an issue with increasing numbers of admissions of this cohort of people. Using the Living Longer Living Better (LLLB) Care Model definition of the cohort; there were over 6,000 acute admissions for the period 2012 and 2013. 18% of A&E attendances at the University Hospital of South Manchester (UHSM) are for people over 70 years, which is significantly higher than the North West average. In south Manchester there are 17,845 people over 65 years of age. Of these 6,902 are registered with GPs as living with two or more long-term conditions. These patients are therefore at very high and high risk of an acute unplanned admission to hospital.

What we did (the process)

We worked with local health and social care providers to pilot a service that responds to the needs of this population, in a responsive method that enables conditions to be managed in the community.

The Rapid Response pilot supports the management of people who become unwell in the community through providing a virtual ward concept. For patients requiring rapid-response, the Enhanced Neighbourhood Team will deliver a 1-hour assessment (by telephone if necessary), and providing care for up to 72 hours. Patients are prioritised following assessment, and interventions delivered within 2 hours, 4 hours or the same day dependant on level of need. This includes palliative care, specialist nursing and AHP support. In addition the team also provide:

- Rapid MDT assessment and care planning to define interventions required
- Facilitated discharge and post-discharge support within the community to support step-down from acute care
- Social care support, i.e. community alarm, care packages and reablement with access to sitting services during the day and overnight (see below)
- Respite and palliative care at end-of-life
- Step-up and step-down beds, and the clinical support associated with these beds, and home-based interventions (a separate specification will be developed for step-up intermediate care)
- An interim single point of access

A Shared Care Record was developed through Graphnet and although there were some implementation and operational issues, this did offer benefits to the Rapid Response Service and flagged within A&E that multi-disciplinary care plans were in place for relevant patients.

What we achieved (the outcomes / data)

Based on the information from the Unscheduled Care Activity reports, the Rapid Response service including the sitting service has resulted in potentially 293 non elective admissions being avoided up to the end of March 2015 out of a total of 319 referrals (92%).

A Clinical Case Study Panel was established to review a sample selection of case studies taken from this service. The panel took into consideration the reasons for the referral, presenting conditions, the

interventions from the team to conclude if the cases were genuine hospital avoided admissions.
The panel agreed that all case studies represented cash avoidance. From this sample size, 71% were agreed as true hospital avoided admissions. Potentially this offered a minimum cost avoidance of £320k. The other cases represented an avoided intermediate care admission and a reduced hospital length of stay so the real cost avoidance figure is higher.

In addition, a community sitting service was commissioned through the Voluntary Community Sector and provided by Age UK. They provided companionship, personal care and assistance to patients, and support to carers of patients during period of illness e.g. recovery from an acute episode or stabilisation of a long term condition. The sitting service also enabled carers to take breaks from their care giving role whilst also providing emotional help and companionship which prevents carer breakdown and unnecessary hospitalisation. At the end of March the service had provided:

- 1871 hours with 68 patients benefiting from the service
- At a cost of £30,494.

From a quantitative and qualitative analysis the project believes that this offers good value for money and supports the wider integration programme of placed based care.

Testimonials from wide range of staff groups and patients

Geriatrician Feedback

I am snowed under with clinical stuff. However wanted to raise the awareness of some great service in the community. Was in A&E SUNDAY AT 7:45 pm and called Single point of access. Got a fabulous district nurse who answered the phone and organised rapid access care for a frail patient with dementia. She was a breath of fresh air.

GP Surgery Feedback

I would like to thank you again, for your valued help last week with regards to a patient who attended the surgery with numerous problems.
We contacted the Rapid Response Team, and they visited him the same day. Without the information that you passed over to us, he would have definitely been a hospital admission

Hi, just to let you know that I have been to Benchill today for their link visit.
I wanted to feedback that they have been really impressed with the rapid response service and how it has helped to keep patients in their own home.

Patients:

I have been very impressed with the service I have received. It has been a great comfort to me to have contact with a nurse and a whole range of other services. I have been put in contact with Geriatric Services and Physiotherapy all of which have been excellent. I will be very sorry to lose this connection it made me feel more secure.

After many years (mostly frustrating) of dealing with my step father's arterial dementia care it was somewhat refreshing to have met Nurse ***** yesterday afternoon when she came around to assess and examine ***. She demonstrated exceptional high standards of Professionalism, Competence and Efficiency.
As most of the time dealing with **** care has been a challenging experience I just wanted to let you know how refreshing it is to know that notwithstanding the difficulties that exist in dealing with care providers, meeting people like Nurse **** leaves one with a feeling of hope for those in need as opposed to despair.
I can't believe how fast and efficient the rapid response team were – their intervention and the follow up care really eased our worries about her having any more falls'.

Key System contacts

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