NHS
West Leicestershire
Clinical Commissioning Group

NHS
East Leicestershire and Rutland
Clinical Commissioning Group

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 11th JUNE 2014

REPORT OF WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP AND EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

EMERGENCY HOSPITAL ADMISSION AVOIDANCE FROM CARE HOMES

Purpose of report

1. The purpose of this paper is to inform the Scrutiny Committee of the work undertaken by West Leicestershire Clinical Commissioning Group (WLCCG) and East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) to avoid unnecessary hospital admissions from care homes and present the key commissioning activities and quality improvement initiatives introduced in 2013/14 and for 2014/15 to improve outcomes for frail older people. Key to avoidance of unnecessary hospital admissions has been the development towards integrated working with Leicestershire County Council, and collaborative working with independent contractors to foster a culture of continuous quality improvement for residents in care homes.

Policy Framework and Previous Decisions

2. Emergency hospital admissions have continued to rise inexorably and reversing this trend is an absolute priority for the NHS and the CCGs within their Operating Plans. Older people are the primary users of health services and emergency hospital admission increases with age. An estimated 55 per cent of emergency bed days are used by the over 75s and 25 per cent of all hospital admissions involve older people with 'ill-defined disease'.

3. Locally in Leicester, Leicestershire and Rutland (LLR), if you are over 65 and attend the Accident and Emergency Department you have a 1 in 3 chance of being admitted to hospital. Admission to secondary care often has adverse consequences for frail older people. Patients may acquire new health problems/harms for example Health care Associated Infections: MRSA, or C.-Difficile, malnutrition, pressure ulcers and falls. Patients with cognitive impairment may become more confused and distressed in strange and new surroundings. People at the end of life may spend their final hours in a strange busy ward where their needs may not be met and where they are not at home with friends and family.

4. Admissions to hospital are costly compared to primary care management; where the average admission costs £1500, compared to a GP visit costing about £100, or a

course of community nurse treatment costing £ 70-100. The National Institute of Clinical Excellence (NICE) have stated that a 10% drop in admissions would save the NHS £52 million per annum in England alone.

Background

5. Both WLCCG and ELRCCG have quality improvement programmes that aim to reduce inappropriate hospital admissions from care homes where it had been identified that across LLR 10% (33) of the 310 care homes admit more than 50% of their patient population (baseline data 11/12). In the County there are 210 care homes, of which 34 are nursing homes.

6. Increasingly, residents of care homes have severe physical disabilities and many have advanced cognitive frailty. The complex health problems and multiple health needs of these people include for example: dementia, depression, pain management, incontinence, pressure damage, nutritional risk, diabetes management and palliative care needs.

7. Within the context of increasing dependency, the CCGs have focused on how agencies can work together to ensure that the long-term care needs of older people is met and to avoid unnecessary hospitalisation - especially for the identified problems/issues that contribute to avoidable emergency hospital admissions of care home residents that include the following:
   - Nurses and carers in homes can lack the necessary skills, competence and confidence to offer the care their residents need, especially as older frail people have complex health problems and multiple health needs;
   - Incidents of falls are high in care homes;
   - Homes often work in isolation and there is lack of partnership working;
   - Many homes do not have advanced care planning or recognise the end of life stage, particularly in residents with dementia;
   - Communication and relationships with other agencies can be poor, for example with General Practice and acute care providers.

8. Through the CCGs contract quality review process for all people on Continuing Health Care (CHC) that is provided by the Greater East Midlands Commissioning Support Unit (GEM CSU) CHC Quality Team, commissioners are aware of the significant challenges that nursing homes are facing currently and that impact on quality of care and patient safety. These include: the inability to recruit registered nurses owing to many nurses now taking up employment within the NHS acute provider organisations owing to better pay and conditions, regular changeover of care home managers, and lack of sustainability of quality improvement and high quality care.

WLLCCG and ELRCCG Care Home Key Activities and Deliverables for 13/14

9. The CCG key activities and deliverables for emergency hospital avoidance in 13/14 have included the following:

   - **Identification of care homes that are outliers for hospital admissions**: To capture emergency admissions and have meaningful data based on actual residency of people in care homes (as other data is based on postcodes) to

inform commissioning and quality improvement, a bespoke system has been developed for WLCCG (the Exeter System) by GEM CSU Informatics. This system identifies admissions by: Care Home, by General Practice, Length of Stay and Primary Diagnosis. The data has been directing the focus of interventions, resources and timely response by the WLCCG specialist nursing support service and the Leicestershire County Council Quality Improvement Team, who are able to review all admissions with individual care homes and provide support and implement quality improvement initiatives for hospital avoidance. In addition, GPs are now able to receive this data on a monthly basis through the HERA system and where they have the ability to see individual patient information, in order to focus their interventions and undertake medical review for hospital avoidance.

This data has identified falls, urinary tract infection (UTI), and chest infections as the top primary diagnosis for admissions and therefore this information has facilitated the development of a comprehensive training programme to be developed and support tools for the care homes. This information has been shard across the 3 CCGs and where commissioners, linking with the Leicestershire Social Care Development Group have commissioned a training programme for across LLR for 14/15.

The WLCCG emergency admissions data it is already demonstrating a reduction in admissions Dec 13-Feb 14:

Dec 13	**Jan 14**	**Feb 14**
113	102	74

- ***Commissioned a specialist nursing support service for nursing homes:*** This service commissioned by WLCCG and provided by LPT aims to develop the capability and confidence of nursing and support staff to provide high quality care-through provision of education and training, nurse leadership, support and quality improvement. All 19 nursing homes in West Leicestershire have had individual profiling to identify their specific needs for training and quality improvement. Priority areas for training include: clinical, falls prevention, nutrition and hydration, tissue viability, avoidance of urinary tract infections (UTIs) and End of Life Care. The service lead has a key working relationship with the County Council Quality Improvement Team (QIT) lead nurse to ensure a coordinated and unified approach across both nursing and residential homes. The learning and evaluation of the service is being shared across the LLR CCGs and the County Council and for consideration of roll out of this service across the County.
- ***Developing integrated working with LCC and the Quality Improvement Team (QIT):*** Through the Better Care Together programme the CCGs Chief Nurses, and the County Council Adult and Communities Assistant Director are developing integrated working of their teams for quality improvement and safeguarding of adults. In particular, the Leicestershire County Council QIT are working with the WLCCG Head of Nursing for hospital avoidance and quality improvement in care homes.
- ***Established interprofessional learning;*** Nurses in nursing homes now have access to the WLCCG Practice Nurse Protected Learning Time sessions to enable shared learning for key topic areas that have include wound care, management of Long Term Conditions, End of Life Care and Dementia.

- ***Ensured a number of engagement activities and stakeholder events for Care Homes:*** The CCGs have held an number of events that have had representation from health, the County Council and the independent sector care homes to foster collaborative working through shared values for continuous quality improvement and care for frail older people.
- ***Developed communication tools and decision-making tools:*** The ***'***Check for Change Tool,' and the 'Falls Decision Tree,' and guidance have been developed for care homes by the CCGs and have been disseminated across LLR. Positive feedback has been received from the homes about the tools in terms of guidance and management of incidents of falls, and in particular that is providing confidence in the system and the collaborative working.
- ***Medicines Management Optimisation for care homes:*** Both WLCCG and ELRCCG have in post a pharmacist lead for care homes that is ensuring medicine optimisation, improving concordance and prevention of harms that include falls. The pharmacists have developed a care home 'Homely Remedy' protocol and issue a quarterly newsletter to care homes containing key advice and best practice in medicine management.
- ***General Practice: One Home-One General Practice Scheme;*** Key to good outcomes for patients is positive relationships and team working, which has been strengthened in the new specification and contract for GPs to provide high quality medical services for people in care homes. The scheme includes: weekly ward rounds, ensuring an anticipatory care plan is in place, on-going assessment and proactive monitoring of Long Term Conditions, medication review, effective handover/communication to care home staff through Multi-Disciplinary Team meetings, review of hospital admissions, and review of harms (pressure ulcers and falls.
- ***Direct access to GPs in-hours:*** The GP is the 'senior decision-maker' in hours and therefore in WLCCG all care homes have been provided with the GP back office telephone number for all urgent situations and to facilitate timely access to a doctor.
- ***End of Life care:*** Significant work has been undertaken by the CCGs to improve end of life care and choice of place of death. This work has included a series of training programmes provided by LOROS for the GP workforce, practice nurses and care homes staff, and ensuring joint working with GPs and care homes for DNAR (Do Not Attempt Resuscitation) and advanced care plans. An LLR initiative is currently in progress for sharing advanced care plans with the Out of Hours (OOH) provider and development of a new summary process generated from special patient notes to ensure other organisations receive effective communication to inform patient management for high quality end of life care.

WLCCG and ELRCCG Care Home Activities and Deliverables for 14/15

10. The activities and deliverables for hospital avoidance for 14/15 include the following areas:

    - ***Developing the crisis response and 'senior clinical decision maker,' in the out of hours period (OOHs):*** In light of an increase in emergency admissions from care homes during December 2013 and in order to understand the utilisation of OOHs services, and reasons for admission –WLCCG undertook an audit of 19 nursing homes in April 2014. Findings for the main reasons for admissions include: chest infection (requirement for Intravenous antibiotics),

End of Life Care and falls. Pathway issues included the current requirement for contacting NHS 111 in the event of an urgent situation and the fact that this could lead to a disposition/referral to emergency services. This has resulted in working with the local OOHs provider for direct access by care homes to the Health Care Professional line- in order to ensure that they can access a doctor for effective/timely medical management and hospital avoidance. ELRCCG have a robust programme in place for review of their interventions and quality improvements that focuses on care plans and their implementation and to ensure appropriateness of the plan for hospital admission avoidance.

- ***Dementia in-reach***; The CCGs have strengthened the service specification for dementia in-reach to support the care homes with people who have dementia and their complex and challenging behaviours to ensure it is a responsive service to meet demand.
- ***Information Technology*- WiFi** – Both CCGs have a programme for ensuring WiFi is installed in all care homes in order that GPs can access patient records and enter timely information to ensure effective communication, care planning and patient management
- ***Assistive Technology***: The CCGs are exploring and developing a range of assistive technologies for harms avoidance that includes falls and pressure ulcers, management of Long Term Conditions and for dementia care. Assistive Technologies will be piloted in a number of care homes to evaluate outcomes in the summer of 2014.
- ***Focus on falls prevention***: The CCGs have commissioned training programmes for care homes for falls prevention and have commissioned LPT to develop training packs. Work is currently in progress for review of the falls pathway and key to this work is partnership working working with EMAS, social services, secondary care and community health services therapists.

Clinical Leadership

11. To support the quality improvements and initiatives- clinical leadership has been essential and has been provided in the CCGs by GP clinical leads who are working as mentors for GPs and practice teams, particularly for End of Life Care. The CCG Lead Nurses have been integral to driving quality improvements and change, and championing collaborative working with the different agencies. Specialist nurses are providing leadership, support and training in a range of clinical areas for General Practice and the care homes.

Conclusions

12. Both WLCCG and ELRCCG have commissioned a number of services and quality improvement programmes for avoidance of unnecessary hospital admissions of frail older people.

13. The CCGs have recognised the potential for more integrated and collaborative working of the different agencies that include the NHS, Local Authority and the independent contractor-care homes, to enhance the quality of care of residents in the County. In particular, for the care home sector this includes developing confidence and trusting relationships, and skills and knowledge amongst care homes staff for delivery of high quality and safe care.

Recommendations

14. The Committee is requested to receive the contents of the report.

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