



BEDDED COMMUNITY SERVICES TOOLKIT (WALES): BUNDLE E – STEP-UP CARE



A form of intermediate care, step-up care in a bedded community service is designed to help people avoid going to an acute/district general hospital unnecessarily. As with D2RA Pathway 3, transfer to a bedded facility is considered if complexity of need rules out delivery of treatment and support in the individual's own home.

SPECIFIC CONSIDERATIONS (in addition to the Core Bundle for all bedded community services)

Plan as one of a range of options available to community teams, to avoid unnecessary admission to acute hospital care.

Step-up bedded community services should be a valuable resource for the management of individuals at risk of hospital admission, for example due to:

- Exacerbation of long-term conditions;
- Infection risk with inability to safely isolate (e.g. within a pandemic) and
- Frailty crisis.

They are also an option to be considered in Advance Care Planning and contingency planning for hospital discharge.

They should be owned by community teams (including paramedics) and be part of a range of options that can be tailored for the individual.

Provide prompt and safe access. In view of the potential acuity of need, governance arrangements must include appropriate management of clinical risk. Examples include GPs/CRT consultants assessing and transferring patients directly from the ambulance 'stack', and Advanced Paramedic or Advanced Nurse Practitioners making the decision to transfer pending medical review.

The SOP may also consider circumstances where clinical review may not be required e.g. where therapy-led services are required, or where there are safeguarding issues that cannot be appropriately addressed in the home environment.

In step-up care 'every hour counts' and transfer should take place within 24 hours as a maximum. Quicker access should be facilitated where individual circumstances require this e.g. to enhance outcomes by reducing harmful waits and delays, and so that ambulance crews can safely leave a call in the knowledge that transfer will take place within 2-4 hours.

There may be circumstances where it is appropriate to flex the general principle of avoiding night-time transfers where access to urgent step-up care, that avoids unnecessary conveyance to acute hospital, is imperative.

The SOP should consider the transport options required to facilitate timely transfer.

Create an enabling ethos from the outset. It is recommended that step-up care be delivered in a protected, bespoke unit with a culture of integrated working. The team should be designed to address clinical, functional, and social needs with an enhanced multidisciplinary approach, including for example:

- Health and Care Support workers with reablement & rehabilitation skills;
- Third sector partners;
- Pharmacy;
- Old age psychiatry

LOCAL BEDDED COMMUNITY SERVICES PLANNING & COMMISSIONING CHECKLIST: STEP-UP CARE




Core function 5: Step-up Care

Specific requirements in addition to the overarching principles and requirements for bedded community services

| Expectation | Action required to fully deliver: | Priority level: High/Medium/Low |
|---|-----------------------------------|------------------------------------|
| Consider creating a protected unit for step-up care. | | |
| Beds used for this function should be 'owned' by community teams e.g. Community Resource Team. | | |
| Appropriate clinical governance mechanisms are place to manage the clinical risks when opting for transfer to step-up care (e.g. review by GP or CRT consultant). | | |
| The SOP/service specification identifies circumstances where senior clinical review is not required, e.g. for therapy-led services and safeguarding issues. | | |
| Arrangements, including transport, are in place to facilitate transfer usually within 2-4 hours, or 24 hours maximum. | | |

SUGGESTED PERFORMANCE IMPROVEMENT MEASURES FOR CONSIDERATION

|  BEDDED COMMUNITY SERVICES : STEP-UP CARE (in addition to overarching measures) | |
|--|---|
| HOW MUCH DID WE DO? | HOW WELL DID WE DO IT? |
| Number of community beds available for step-up care Number of referrals for step-up care received Number of individuals receiving step-up care in bedded community services | % of beds available for step-up care that are protected beds for this purpose % individuals requiring crisis response, who were transferred within 2-4 hours of decision % individuals assessed as requiring a managed response to avoid acute hospital admission, who were transferred within 24 hours of decision % individuals referred for bed-based step-up care who were instead conveyed to acute hospital % individuals transferred to acute hospital from bedded community service Staff retention/sickness/satisfaction PREMS |
| IS ANYONE BETTER OFF? | |
| Number of acute admissions/conveyances avoided Number of individuals who return to usual place of residence Number of individuals readmitted to acute care from the bedded community service | % individuals returning to usual place of residence % individuals reporting that they feel 'home ready' at the end of their stay in the bedded community service PROMS |