Strategic Programme for Primary Care

Step up/Step down Bedded Community Services Toolkits: Summary of 'mini pilots'.

Introduction

As part of the 24/7 workstream work programme it was agreed to "road test "the work that had been produced by The Delivery Unit (DU) and the associated community of practice. It was acknowledged that the work was of a high quality and looked as though it would be really helpful for Health Boards in assessing how their Community Hospitals matched with best practice, how they could make them as efficient and effective within a whole system approach and how they could be used to remodel the services provided from them for the local population.

Mini Pilot Arrangements

To do this it was agreed to have a mini test of their "operational" potential within three Health Boards; CTM, Powys and C&V. These HBs were asked to consider the bundles with the following questions:

1 Do the bundles make sense?
2 If so are we in running our services in line with the bundles?
3 If not, why are we not?
4 How do the categories link with the work that came out of right sizing for your Health Board?
5 Are we clear about what could be DRA2 and not DRA3?
6 If DRA3, do the bundles and their application make the whole system a much slicker one, with improved patient outcomes and flow?
7 What scope is there to refine what we do in regard to sub-acute and step up?
8 What does this mean in terms of local IMTP development and around USC flow?

The work was reviewed; in CTM by a Directorate Manager , Senior Nurse and COTE Consultant covering YCC and YCR, in Powys by the AD Operations, Unscheduled Care lead and Senior Nurses covering Machynlleth and Brecon Hospitals and in C&V by the Integrated Locality Manager covering Barry Hospital. This gave a good mix of hospitals in terms of size, function and location.

Feedback Summary

The Feedback (did not wholly fall in line with the question set);

1. Overall feedback from each Health Board area was that the work was good , they had read with interest and felt that it had a number of very practical applications both within their own Health Board area as well as wider in terms of developing a “peer group / community of practice “ to share ideas and problems. Recognising that these are unique assets that are often undervalued by the Health Board / Health System but are seen as very valuable to the local communities and hence have a place to really deliver for the population.

2. It was considered to be more useful than a purely benchmarking exercise as the questions held more value than pure use of numbers. The joint approach of data gathering and question sets against standards was purposeful and would properly engage a range of professions / managers within a Community Hospital to develop a clear plan of action / service re design.

3. The real potential of the bundles and associated checklists were to give a Health Board team the opportunity to stand back and think about what the Community Hospital was delivering, the constraints they had, where they wanted it to go strategically and a better way of managing their thinking into IMTPs and in particular the place that Community Hospitals can play in whole system delivery. It would also highlight areas where there was non-compliance / gaps in service

4. It was noted that the phraseology of Discharge to Recover & Assess (D2RA) was widely used, it was felt that patients were in effect being transferred to optimise – this felt more clinically real.

5. At least one Health Board felt that the bundles missed out a category all together in regard to the growing level of shared care that is required between physical health / mental health and significant dementia on wards. This is a growing group that does not fall neatly into the bundles and has a significant resource consumption and complex discharge process.

6. It was felt that over the past year the Community hospitals have experienced increasing acuity in transfers and this is not all associated with COVID.

7. It was felt useful to have the annexes that had more detail in regard to the question set within the document. This went beyond many other bundle type approaches which are mainly tick box.

8. At least one Health Board was going to begin to engage with the informatics team to explore the data elements of the bundles.

9. Throughout several of the bundles there is a focus on a therapeutic relationship and rehabilitation focused training. This highlights / identifies a lack of training being delivered for the nursing teams. This in and of itself was valuable as a deficit being exposed. However, it was felt looking back to point 1 that a peer group where there were examples of such training would be useful or the development by say HEIW of a standard national programme to be implemented, for all team members.

10. In two Health Boards it was clearly noted that the ability to fully answer the question set has been affected by COVID and gives impetus to the need for Health Board

teams around Community Hospitals to move forward. Many of the Community Hospitals are indeed lacking in the offer for meaningful activity and this raises the need for be more Community Hospitals imaginative in how to start services back up with a quicker pace. The lack of staffing and continuity of staff through COVID has affected such efforts to recommence meaningful activity. For at least one Health Board this drew attention to the fact that there was a lack of imagination on what meaningful activity is and who's role with a perception that it is purely for therapists.

11. It was felt that the bundles could be amended to capture details of meaningful activity carried out and by whom within the team?

12. The environment is currently and has been / will be a potentially restrictive factor. A number of the hospitals were old (this is true across Wales) without being set up with rehabilitation in mind, e.g. Patients having to leave the ward to engage in rehab activities such as preparing foods and drinks. These off ward areas have often currently be deemed as inaccessible on the weekends by nursing staff as often insufficient staff to support off the ward activity. Completing the bundles will assist Health Board teams to think through the development needs for the Community Hospitals e.g. Therapy assistants or even ward activity coordinators being beneficial on the weekend periods, certainly a long term goal as only personal care rehabilitation & simple exercises are in general completed on the wards at the weekend currently.

13. Again if the bundles captured this sort of questioning systematically then there would be good learning from other Health Boards who may have 7 day rehab services and how this is offered.

14. At least on Health Board noted that in doing the exercise it did highlight the excellent care plans their ward have, collaborative in nature with good access to support networks to partake in and good advocacy services where needed. They noted that patient feedback was good on discussion of future goals & care planning. It was felt from this Health Board that a PREMS would be useful (alluded to).

15. Two Health Board drew attention to the fact that there has been an increase in patients who have been admitted from the acute sector for discharge planning somewhat higher than seen in pre COVID times and probably just a reaction to such pressures. This has led to many of the Community Hospitals looking after many more acutely unwell patients. The increases may well be due to the need to get patients from acute beds when no longer needing them and changes in COVID discharge guidance. There is also an apparently higher LoS due to patients suffering with long COVID, confirmed or suspected and also complex Mental Health.

16. Two Health Boards noted that LoS is also impacted by placements being closed due to COVID, especially EMI complex patients due to a general lack of beds but also placements feeling reluctant to take patients who walk with purpose (due to an increased risk of COVID). It would be helpful to add in a narrative around perceived rationale of data skews due to the last year's impact on services. Again, would be good to have this included in some COVID specific questions. There is ongoing research about it widely so it will be a common theme across the Health Board's.

Conclusion

The Step up/Step down Bedded Community Services Toolkits (Bundles) are ready for dissemination across Wales to assist Heath Boards in identifying, utilising and optimising the bedded community service infrastructure available and overall improve patient care.