MAKING SAVINGS AND ENHANCING OUTCOMES THROUGH IMPROVED PATIENT FLOW AND DECISION MAKING

LGA Innovation Zone
3rd July 2018

WHAT YOU WILL KNOW BY THE TIME THIS SESSION ENDS
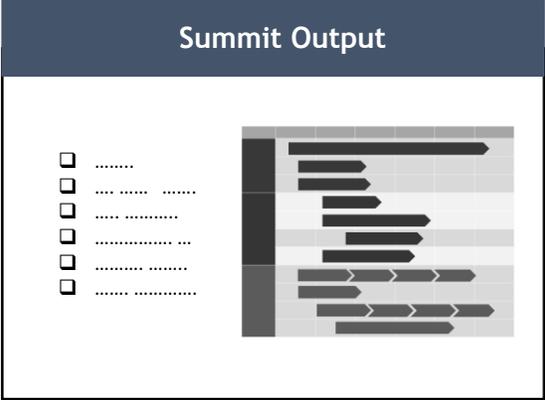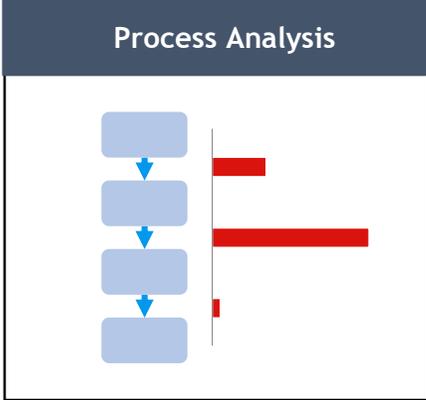
1. **What we've been doing nationally** to understand patient flow and delays across health and social care.

2. **What we've found out** about the significant opportunity to save money in adult social care whilst improving outcomes.

3. **What this means for your authority** – the things to look for, the questions to ask of your colleagues, and what to do next to start realising these benefits.

AIMS OF THE BCF FLOW & DELAY PROGRAMME

- Newton was commissioned by Better Care Support (DHSC, MHCLG, NHSE and LGA) via the LGA to conduct a whole system diagnostic of 14 health and care systems across England.

- Aim was to improve patient flow and reduce delayed transfers of care by conducting an in-depth analysis of the challenges each system faced, and what they could do to overcome them.

- We asked the systems to focus on what happens after a patient is declared medically fit for discharge – so they looked at:
  - Discharge processes
  - Discharge decisions
  - Community flow
  - Enablers e.g. system leadership and governance

NEWTON

DIAGNOSTIC ACTIVITIES

Point of Prevalence Studies

Pathway Workshops

Historical Data

Areas of Opportunity
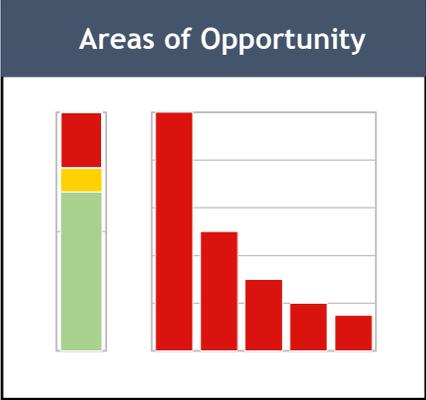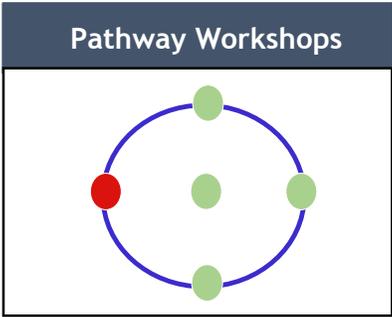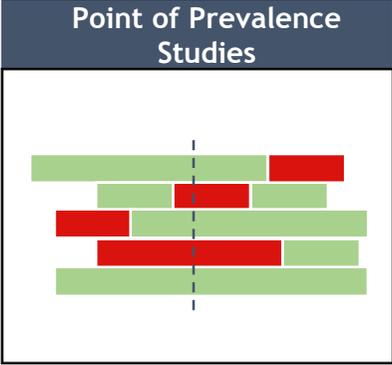
Improvement Cycle

Leadership Assessment of System

Front-line Experience of System

Interviews and discussions with local teams

Process Analysis

Summit Output

Benchmarking

WHAT WE FOUND OUT

Across the 7 areas where work has been completed so far, we found that **32% of medically fit patients were delayed leaving hospital**.

- This means:
  - Nearly 32,000 beds across the country on a given day are occupied by medically fit people ready to leave.
  - The equivalent of 87 fit and well people waiting in a hospital bed for a full year.
  - A cost of more than £12 million per day.[1]

- Some systems, through a sustained focus on operational and behavioural change and with a clear link to improved decision-making at point of discharge, might be able to **reduce the number of people going into residential and nursing care by over 40%** – savings resulting from this will depend on local arrangements and local markets.

MR L'S STAY IN HOSPITAL X

4th DECEMBER   7th DECEMBER   25th DECEMBER
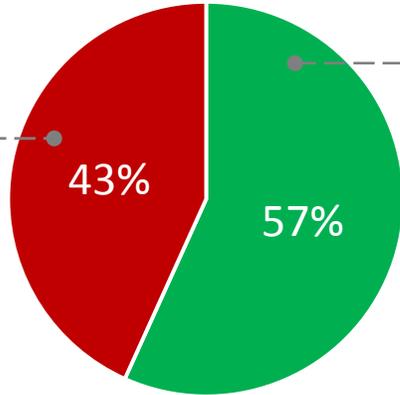
NMFFD → MFFD

DAY 1
A 72 year old gentleman, living at home with his wife and unknown to social services, is admitted with a UTI

DAY 4
He becomes Medically Fit, an assessment notice is sent to the Social Work team.

NMFFD   1st FEBRUARY

DAY 9
He is allocated to a SW who requests Reablement. No Capacity. The SW requests Long Term Homecare.

DAY 9-18
Brokerage are repeatedly unable to Source Homecare.

NMFFD

DAY 18
SW requests an Interim Bed, as it is unlikely to find a POC over Christmas period. No bed found.

10th JANUARY

DAY 31
The Patient is transferred to a Delay Ward.

DAY 67
The Patient becomes Medically Well. A CHC Screen is negative. Another request for a SW update.

DAY 63
The Patient becomes Medically Unwell

DAY 61
The Ward are awaiting SW input on Discharge Planning.

DAY 57
Medically Fit. Ward say ready for SW discharge planning.

DAY 46
The Patient becomes Medically unwell

DAY 41
A CHC Screen comes back as negative. But the result is not passed to the SW team until day 43.

9th FEBRUARY

DAY 68
Passed to brokerage for a Nursing Placement

DAY 69
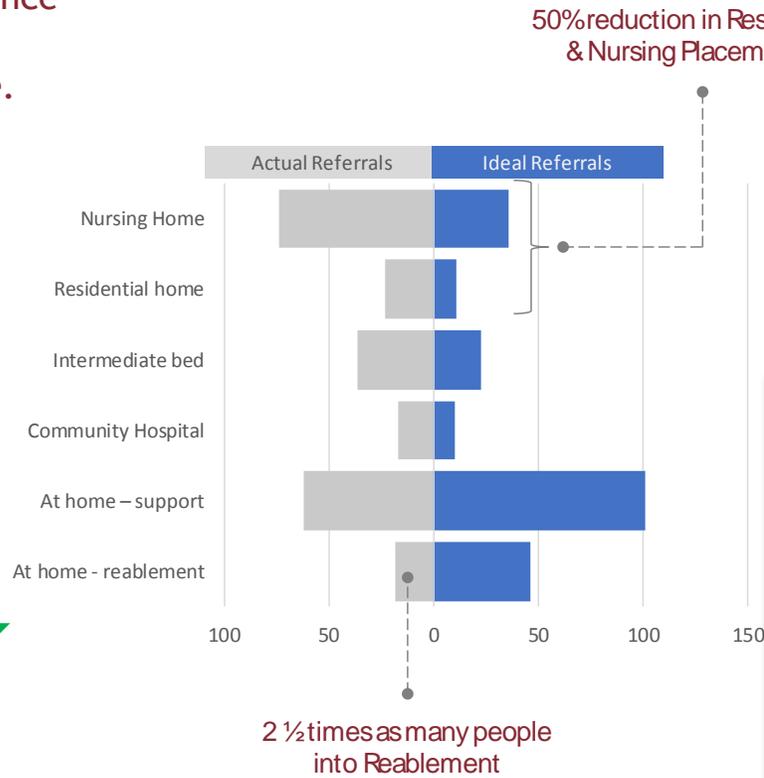Patient passes away in hospital.

EMERGING THEMES: SUMMARY

1

43%

57%

Just under half received a non-ideal outcome

Ideal outcomes achieved which maintained independence where possible.

2

50% reduction in Residential & Nursing Placements

Actual Referrals   Ideal Referrals

Nursing Home

Residential home

Intermediate bed

Community Hospital

At home – support

At home - reablement

100   50   0   50   100   150

2 ½ times as many people into Reablement

3   Reasons for Non-Ideal Decisions

0%   5%   10% 15% 20% 25% 30%

Risk averse decision

Availability / perceived availability of service

Knowledge / trust of services
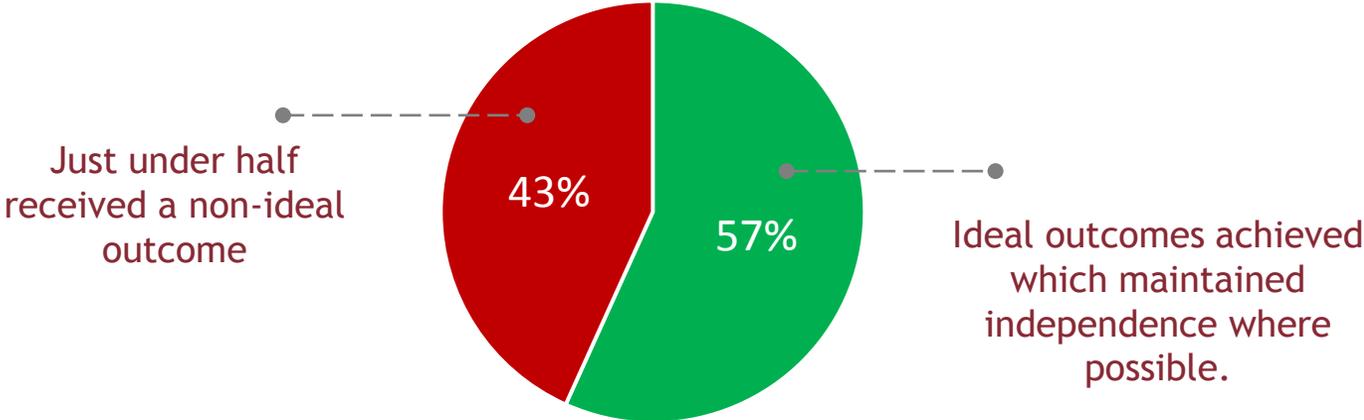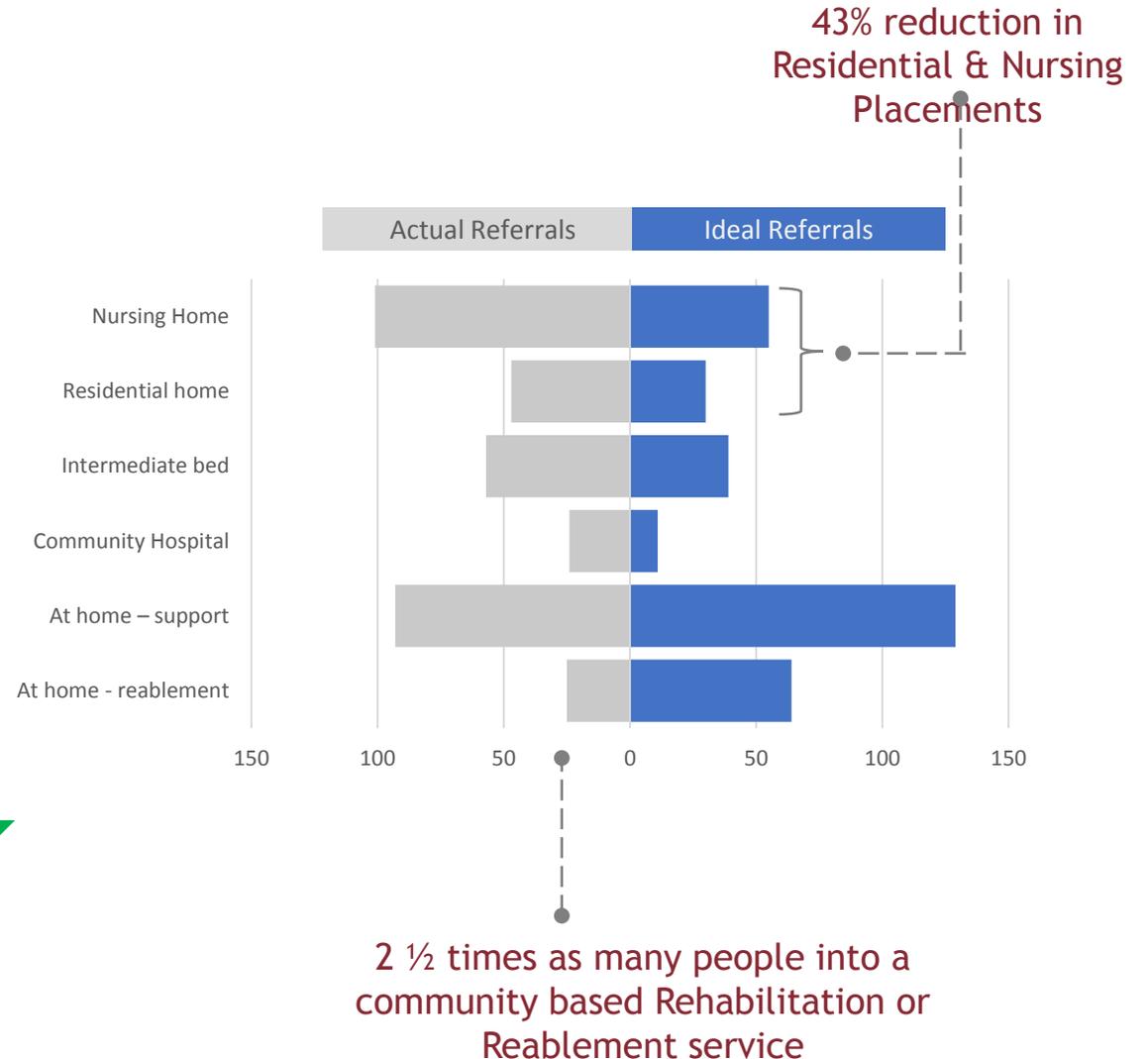
EMERGING THEMES

1. **Almost half of patients sampled were found to receive a non-ideal outcome (as identified by staff themselves about their own patients)** – for some this meant they went into residential or nursing care instead of going home, but delays meant others didn't leave hospital who could have.

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2. **Greater use of rehabilitation, reablement and intermediate care could unlock major improvement in outcomes, as well as financial savings** – many more people could go home with support than currently do, if only they received reablement support to help them step down.

43% reduction in Residential & Nursing Placements

	Actual Referrals	Ideal Referrals

Nursing Home

Residential home

Intermediate bed

Community Hospital

At home – support

At home - reablement

150   100   50   0   50   100   150

2 ½ times as many people into a community based Rehabilitation or Reablement service

EMERGING THEMES

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3. **Leaders need to work closely with the frontline and lead by example** – the only way that culture will actually change and effect decision-making on a daily basis (and achieve savings as a result) is if system leaders across health and social care show their staff what good looks like.

Reasons for Non-Ideal Decisions
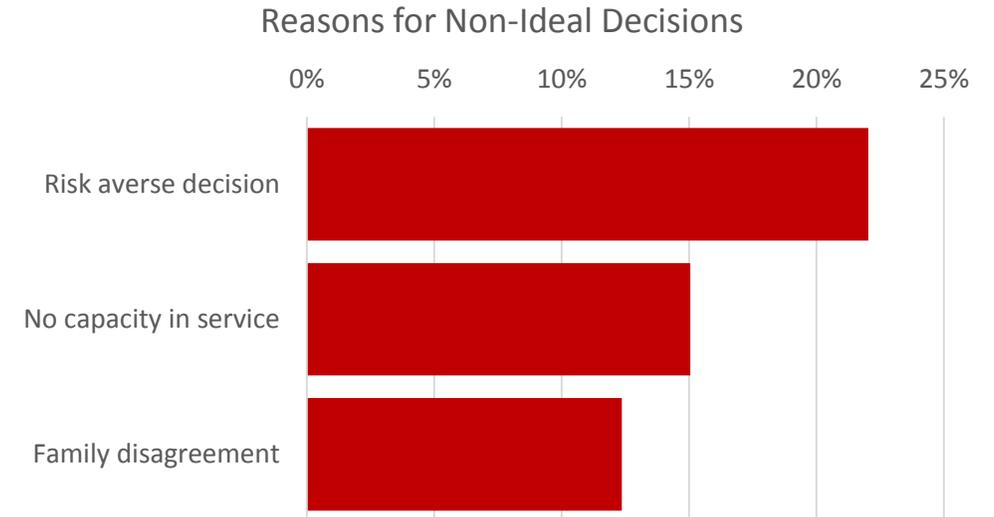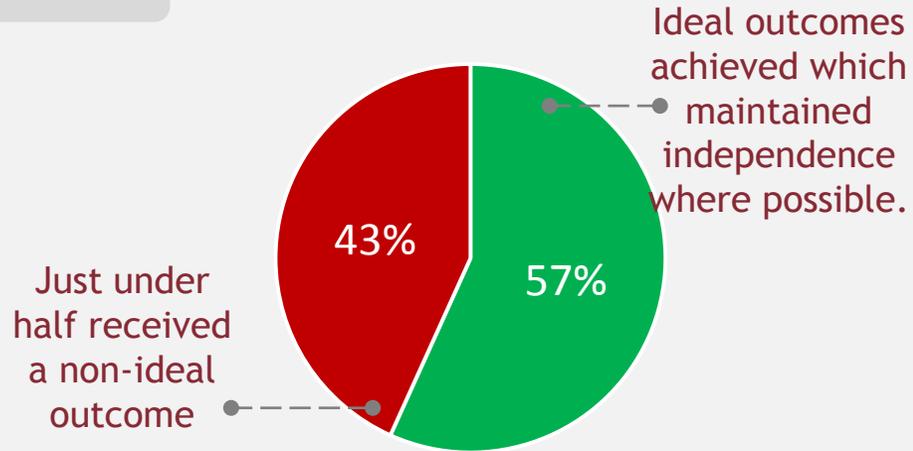
KEY QUESTIONS FOR DISCUSSION

- What is the culture of responsibility for appropriate and effective discharge decisions in your local area?

- What do you think can most effectively address a risk averse culture in relation to decision-making?

- Addressing these challenges requires joined up leadership across the whole local care and health system:
  - How confident are you that your system leadership is working effectively together to tackle these issues?
  - What are the barriers impeding joined-up system leadership?

WHAT ELSE THIS COULD MEAN FOR YOUR COUNCIL

- Likely to be significant savings that councils can make in their social care budgets by making sure that hospital patients are being discharged to the right setting.

- This saving could be significant given that people going into residential and nursing care could be reduced by over 40% in some areas.

- Go back to your health and care colleagues and find out:
  - Are they confident that patients are being discharged onto the most appropriate pathway? What is their evidence for this?
  - Have they benchmarked the effectiveness and utilisation of their reablement and intermediate care services?
  - Do they know the reasons stopping ideal outcomes being achieved, and how are they addressing these? E.g. risk aversion, family disagreements
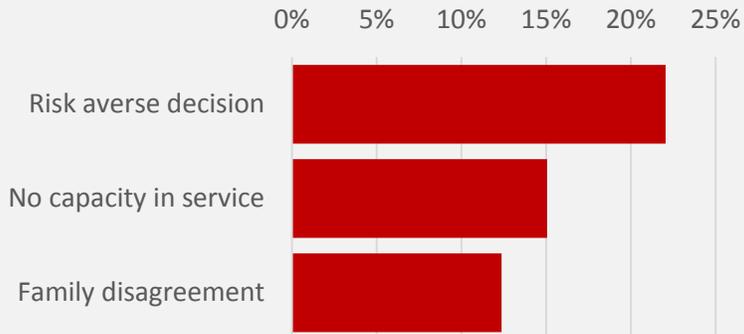
NATIONAL FLOW & DELAY PROGRAMME: SUMMARY OF EMERGING FINDINGS

Outcomes

43%

57%

Ideal outcomes achieved which maintained independence where possible.

Just under half received a non-ideal outcome

Potential improvement

Actual Referrals   Ideal Referrals

Nursing Home
Residential home
Intermediate bed
Community Hospital
At home – support
At home - reablement

150   100   50   0   50   100   150

Reasons for non-ideal

Reasons for Non-Ideal Decisions

0%   5%   10%   15%   20%   25%

Risk averse decision

No capacity in service

Family disagreement

NEWTON