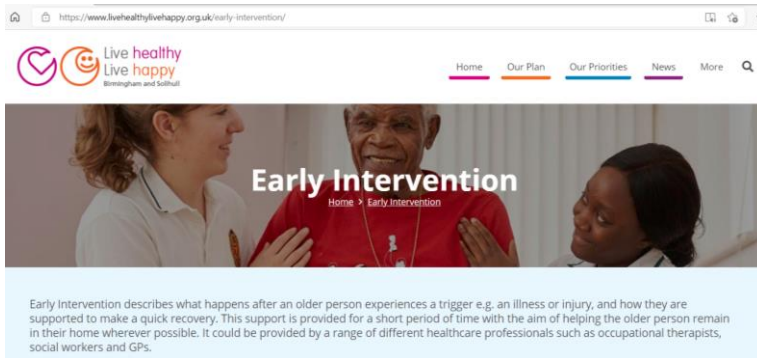


EARLY INTERVENTION MATTERS

JUNE 2021

○ EI OUTSTANDING PERFORMANCE RESULTS



We are delighted to report the end of year performance for the Early Intervention programme from March 2020-February 2021. The results have been calculated using the benefits tracker, the tool used to measure the programmes performance.

The original programme objectives were set before the arrival of the pandemic and in expectation of a business-as-usual approach. The outcomes are an average of a snapshot in time as different EI workstreams rolled out at different times throughout the 12 months and Covid-19, including D2A guidance, will have skewed the original objective rationale.

Original objectives	Actual Performance
To prevent 3,650 unnecessary hospital admissions a saving of 77,000 bed days a year (OPAL)	Prevented 9,928 unnecessary hospital admissions, a saving of 90,000 bed days a year (OPAL)
To enable 26% of patients more likely to go home when discharged from short-term recovery beds (P2) than be admitted into long term residential care.	Enabled 45% more patients to be discharged home from short-term recovery beds (P2) rather than being admitted into long term residential care.
To reduce the average length of acute hospital stay of patients requiring support after hospital from 12 to three days, (Patient leaving QE to other pathway)	Reduced the average length of acute hospital stay of patients requiring support after hospital from 12 to 3.4 days, (Patient leaving QE to another pathway)
To make people more independent in their own home more quickly and on average requiring six hours less ongoing social care per week (EICT)	Made people more independent in their own home more quickly and on average requiring 6.7 hours less ongoing social care per week (EICT).

Chris Holt, BCHC’s Chief Operating Officer and Birmingham’s Early Intervention Lead, said: “These results are remarkable and show what the system can deliver when working in a truly integrated way. The last 12 to 15 months have also shown what an integral part of the overall system our Early Intervention teams are, delivering such improvements at a time when the need to provide safe, high quality care, as close to home as possible has never been more important. I would like to extend my thanks to all our teams for the massive contribution they have made and really look forward to the next stage of the EI journey.”

Chris Holt, BCHC’s Chief Operating Officer and Birmingham’s Early Intervention Lead, will give his monthly update to staff on the EI Programme on Wednesday 21 July 1230-1pm
[Click here to join the meeting](#)

CITY-WIDE BED MODEL PLANNING PROGRESS

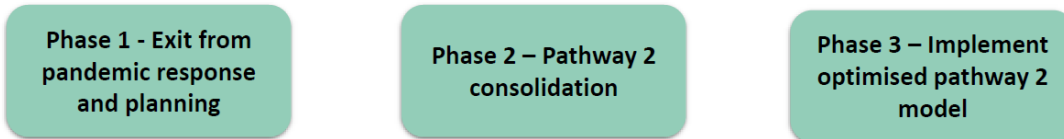


More than 20, key front-line clinicians and senior managers recently attended a half-day workshop to discuss the development of a new city-wide community (P2) bed model to provide a consistent experience to the 1m+ population of Birmingham.

Under the theme of **Developing a Future Medical Workforce in Non-Acute Beds**, the face to face round table was held early June at The Saffron Centre in Moseley. Delegates included Ben Richards, Lead for the Early Intervention Beds Workstream and Director of Adult and Specialist Rehabilitation at BCHC (ASR), ASR Medical Director, Geriatricians, SHOs, EICT lead, HR lead, senior Matrons, Senior Therapists and Service Leads.

A proposed new draft community bed model was shared at the event. It responds to the needs of the system, new Discharge to Assess (D2A) guidance and adopts the city’s integrated care approach and Home First ethos. The three proposed phases within the draft include: exit from our pandemic response, a remodelling of bed numbers to meet the needs of a ‘steady state’ and adoption of the new generic P2 model.

How do we get to a consistent pathway 2 model?



To help further inform the approach, the workshop discussed a number of key areas including the definition of sub-acute and how does it differ from the ‘general’ rehab beds? What the medical/clinical model should be? What is our role with EICT? How do we make the best use of technology and what changes do we need to make to the estate to enable the model?

Ben Richards (pictured right), Lead for the Early Intervention Beds Workstream and Director of Adult and Specialist Rehabilitation at BCHC said “Birmingham’s health and social care system is well aware that as post pandemic ‘regular behaviours’ are re-established by the Early Intervention programme, there will be a reduced demand for P2 beds. We also know that our current approach is fragmented and outdated.



“We have to do something about this and the workshop followed several earlier discussions that took place across the system about developing a consistent medical model across all bedded sites rather than continuing with the inconsistent approach we currently have. “The next steps will be to review the workshop feedback and integrate that into our draft model. We will then meet again with a wider team including OPAL and EICT to look at how we strengthen our links with these areas to improve our approach and best benefit our patient outcomes.”

○ AskOPAL → OPAL+ NAME CHANGE



AskOPAL has changed its name to OPAL+ to better reflect its role and goals in preventing thousands of unnecessary hospital admissions.

OPAL+ is a collaborative partnership between the Older People’s Assessment and Liaison (OPAL) team at the Queen Elizabeth Hospital Birmingham (QE) and the West Midlands Ambulance Service (WMAS).

The service launched in March 2020. Since then, crews who are unsure whether a person needs to be taken to the Emergency Department have been using OPAL+ telephone and video technology to connect them and their patients to the OPAL teams based at the QE. Often carers and family members who are with the patient contribute to the assessment too.

In total OPAL and OPAL+ has helped to prevent just under 10,000 unnecessary hospital admissions of older people living in Birmingham and Solihull during the last 12 months.

University Hospitals Birmingham NHS Foundation Trust (UHB) has OPAL teams in all its Emergency Departments and Acute Medical Units at the QE, Heartlands Hospital and Good Hope. The teams see older people as soon as they arrive and liaise closely with community services to enable a ‘home-first’ approach. All OPAL + calls are answered by the QE team. If a patient does have to be taken to Heartlands and Good Hope, the QE lets the respective OPAL teams at these hospitals know the patient is on their way.

From March 2020-March 2021 the OPAL+ service received 2,837 phone calls from WMAS of which 2,003 remained in their own home and only 834 were conveyed to the QE. That means that less than 30% (29.4%) of those who thought they were heading for hospital actually did.

AskOPAL ctd/..

The WMAS crews using the digital technology are based at Hollymoor and Erdington ambulance hubs in Birmingham which cover most of the Birmingham and Solihull catchment areas. The service runs from 7.30am-8pm, seven days a week.

Dr Teresa Quigley, Consultant Geriatrician and Clinical Service Lead – Healthcare for Older People (UHB) and Early Intervention OPAL SRO said: “These outcomes show how important and effective good partnership working is. Through this project, we have been able to bring WMAS in as part of the Early Intervention work, to join in with other partners in a way it has not done previously.

“We’re providing a way for them to link the person into community and social care services in a way they haven’t been able to before, accessing that support from the person’s own home rather than needing to bring them to hospital.

“This can completely change the way we diagnose the best care pathway for that person and as the figures show, usually avoiding a hospital visit.”

OPAL is just one of five components within the Early Intervention programme that interlink with each other to help prevent hospital admission, avoid premature admission to long term residential care, avoid delays in hospital and ensure that people recover more quickly, ideally in their own surroundings.

Dr Quigley continued: “The Early Intervention Community Team (EICT) in particular is contributing hugely to our ability to avoid hospital admittance and their role in this OPAL+ partnership must be acknowledged too. The speed at which they react has been exceptional, especially given the unusual Covid-19 world we are living in.”

The OPAL+ service also works closely with the Community Palliative care team to reduce hospital admissions of palliative patients and ensures they are managed in the community, as well as with the QE Pharmacy who send out urgent medications like pain killers, antibiotics and end of life care medications to help patients to avoid visiting Emergency department or urgent care. OPAL+ is currently working with the Community Mental Health team towards a collaboration between OPAL + and CMHT for mental health patients to reduce their hospital admissions.

○ EICT CELEBRATION EVENT



More than 120 EICT staff have now signed up to attend the EICT celebration event where colleagues from the five localities will meet for the first time.

The events will be held in The Legends Lounge at Birmingham City Football Club on Tuesday 6th July and Thursday 8th July 2021.

If you haven’t received your invite, please contact your line manager. Event details may change should the government update the current Covid-19 guidance.

FAST FIX ENABLES QUICKER RETURN HOME

Patients are being discharged more quickly and safely across EI Beds thanks to a revised approval process for ordering equipment to support people in their homes.

Until recently authorisation has been dependent on Senior Team Leads which could lead to delays in patient discharge if the Leads were not immediately available. Now Senior Therapists have been given the green light to authorise the equipment themselves which has significantly speeded up the process.



Salil Parkar (pictured left), Therapy Lead for Inpatients said: "It's amazing how something so small can make such a big change for our patients. We identified that a delay in authorising equipment could result in a delay for the patient returning home.

"We asked if the authorisation process could be updated to reflect our 'Home First' ethos and is now revised and working well. This is another example of working together to achieving our EI goals of getting people home as soon as possible, to enable them to recover more quickly in their own surroundings."



@EARLYINTERVBHAM TWITTER UPDATE

Don't forget that the EI programme has a new home on Twitter. We launched [@earlyintervbham](https://twitter.com/earlyintervbham) last month and are busy connecting with people and organisations across Birmingham and Solihull, as well as the rest of the UK, to share our story, our progress and best practice learnings.

Our new online presence is helping us to grow our knowledge and gain information and insights from others who are also practicing the home first ethos. This will help us to be better at what we do. Please do follow us and share our news to help tell the story of Birmingham's integrated health and social care partnership success.



SPOTLIGHT ON DR TERESA QUIGLEY



Recently appointed SRO for the OPAL service across EI and Clinical Service Lead for Healthcare for Older People at UHB, Dr Teresa Quigley, (who, by the way, speaks French, German and even a few words in Vietnamese as well as being a former piano teacher) explains why she was inspired to become a geriatrician, her role within OPAL and her hopes for its future.

At 16 I wanted to be either a vet or a translator. My natural calling to care won over languages and I turned my attention to studying medicine, initially with a view to becoming a child and adolescent psychiatrist. It was during my first-year placement post-qualification from medical school that I finally found my vocation when I fell in love with geriatric medicine and its holistic approach to care.

Geriatricians take a patient centred rather than organ specific focus, taking a holistic view of a patients' physical, social, function and psychological wellbeing. They work in a multidisciplinary team alongside the patient, their family and other healthcare professionals and look at what is important to the patient to set goals and develop an individualised plan for that patient.

I have been involved with OPAL since July 2017, when I joined the Trust, and its initial pilot at Solihull Hospital.

This new service for older adults who presented at the front door of the hospital or those deteriorating in the community focussed on helping people to get better in their own home with support.

At that time there were just three of us in the team – me, one consultant from Heartlands Hospital and nursing support from the team at the medical day hospital.

The opportunity to lead and develop this new service really appealed. During my training I had become aware of the number of older people who were admitted to an inpatient ward when if we had had more to offer them in their own home via a community service, there would have been better outcomes.

During our trial we collected data which secured us funding from the CCG in December 2017 to continue the service. This green light enabled us to start recruiting and by May 2018 we had the full team in place to enable us to provide a comprehensive OPAL service at the Solihull site, working closely with community services in Solihull to facilitate our “home first” approach.

I was appointed Deputy Clinical Service Lead for Older People in 2018 and continued to run OPAL across QE and Solihull sites, and the front door older people's services at Good Hope and Heartlands sites. A review of the OPAL service across all sites took place, with a view to aligning the offer to our patients across UHB and following on from this the Early Intervention (EI) programme started to be developed and subsequently trialled.

What we have achieved to date is outstanding, more than trebling our initial target. We have started to work with the EI improvement team to focus on developing a better quality of data collection and analysis, including the implementation of DHMS, to inform the way we improve what we do and our patient outcomes.

Going forward we are intensifying our work to clarify and implement the OPAL model at all sites. This includes adopting the same specification at Heartlands Hospital as the other sites, and we are talking to colleagues at Heartlands to agree the best way forward for this.

○ SPOTLIGHT ON DR TERESA QUIGLEY ctd/...

We are also clarifying our staffing model and will recruit at all sites to enable us to continue to provide a high-quality service to our patients.

Our partnership work with the West Midlands Ambulance Service and the Early Intervention Community Team has reached new heights. Being able to avoid admitting people to hospital because the EICT can look after them in their own surroundings enables us to do our job well. Both WMAS and the EICT are a lifeline for OPAL and to citizens out in the community. There really is no place like home and I look forward to enabling many more people to stay there to recover more quickly.

○ THE STORY OF EARLY INTERVENTION



With so many new readers to **El Matters** we thought it would be useful to recap on the role of the **Early Intervention** programme and how and why it came into being.

Birmingham introduced a new integrated **Early Intervention** approach to health and social care as part of its commitment to make Birmingham a great place to grow old in.

Early Intervention aims to support older people to recover faster and live healthier and more independent lives, ideally at home.

Its goals are:

- ✓ to prevent unnecessary hospital admission and premature admissions to long term residential care
- ✓ avert delays in discharge from hospital
- ✓ help people to remain as independent as possible in their own surroundings

Early Intervention Programme Partners

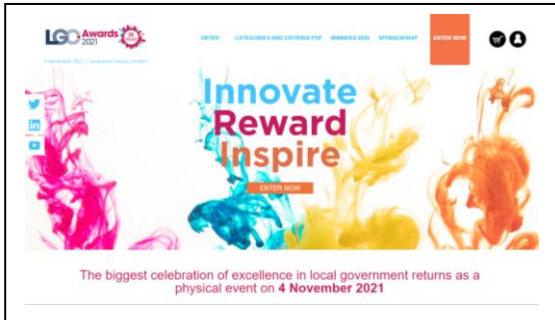
The city-wide programme is delivered through integrated multi-disciplinary teams of nurses, social workers, therapists and rehabilitation assistants across all our partners.

There are more than 1000 colleagues involved in the programme across Birmingham's health & social care



For more information visit www.livehealthylivehappy.org.uk/earlyintervention

○ EI AWARD SUBMISSIONS



We have entered Early Intervention into the Local Government Awards (LGC) under the category of Health and Social Care.

This awards seeks to recognise innovative projects likely to facilitate integration between health and social care, boost personalisation, and improve collaboration between the public, private and voluntary sectors to improve delivery. We will keep you posted on the outcome.

○ GOT A QUESTION OR A STORY IDEA?

Every month we bring you stories about our Early Intervention team and programme. We want to hear from you too. If you have any story ideas or stories and photos that you would like to share, or questions that you would like to ask, please email Jennifer.chatham@uhb.nhs.uk.

○ DATES FOR YOUR DIARIES

Please find below a schedule of all Early Intervention staff updates, with Chris Holt and others. Always a lively event, this are a great opportunity to catch up on what is happening within EI and ask questions.

Wednesday 21 July 1230-1pm

[Click here to join the meeting](#)

Wednesday 18 August 1230-1pm

[Click here to join the meeting](#)

Wednesday 22 September 1230-1pm

[Click he*re to join the meeting](#)