

EARLY INTERVENTION MATTERS

🐦 @EARLYINTERV AUGUST 2021

○ FEEDBACK BOOST IMPROVES PATIENT DISCHARGE



Feedback from a recent patient and carer survey is helping to improve the hospital discharge experience for hundreds of citizens across Birmingham.

The telephone-based survey captured the views of around 200 patients and carers who had stayed in an Early Intervention (EI) community bed (Pathway 2) across multiple BCHC sites from July 2020 to March 2021.

Designed by the Birmingham Community Healthcare Hospital (BCHC) patient experience team, EI iHub staff members and the independent health and social care champion Healthwatch, the 17 questions invited patients and carers to provide feedback on their overall discharge experience.

The sample of patients surveyed included people admitted with confirmed or suspected coronavirus as well as those admitted for unrelated reasons. The survey invited people to share their opinions on the care they received, including the quality of information and interaction with staff, the cleanliness of the hospital environment and their discharge arrangements.

The questionnaire was split into two parts. The first focussed on the discharge process and the second looked at the demographic and whether the respondent was a patient or carer.

Bev Marriott, iHub Lead said: "Once people no longer need hospital care, being back in their own surroundings is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people continue to experience. As part of Birmingham's EI programme, one of our goals is to help reduce delays in patients being discharged from hospital and we are fully committed to achieving this."

The iHub

The iHub is a single point of access for discharge to assess pathways. It was formed during the pandemic to support effective and efficient decision making for hospital discharge pathways (P1, P2 and P3).

The role of the iHub is to help deliver effective management of patient flow across the system for B'ham residents. It supports safe, timely admissions and discharges and collects information/data to aid demand/capacity modelling and has the ability to operate 7 days a week 8am-8pm, switching on and off at pace subject to demand.

The iHub liaises with the complex discharge hubs to co-ordinate the transfer of patient from acute hospitals to their ongoing health and social care pathways.

Bev continued: “The survey results need to be viewed in light of the fact that feedback was given in the midst of the Covid pandemic when pressures on the system were at an all-time high. However, we have a positive set of results that have given us something to build on and are already helping us to enhance our care model.

“There were no immediate surprises as regards the feedback. Transport and medication seemed to be the main issues regarding delays and we are already addressing these areas. The results also reveal some concerns that certain groups found some aspects of their hospital stay more difficult, such as people with dementia or a mental health condition. Again, we are already looking into these areas.”

Survey Highlights

Feeling safe from risk: Most patients (83%) said they felt safe from the risk of catching coronavirus in hospital.

Interaction with Staff: Over eight in ten people surveyed (83%) said they ‘always’ had confidence and trust in the staff treating them. 77% said they were involved ‘a great deal’ or a ‘fair amount’ in the decisions made about their treatment. 70% felt they ‘always’ received enough emotional support from staff during their stay.

Cleanliness: 80% of respondents said that their room or ward was ‘very clean’. Most recalled seeing a range of infection control measures. This included staff wearing personal protective equipment, handwashing and cleaning of surfaces.

Leaving Hospital: Around a third of people with coronavirus (32%) reported that their experience of leaving hospital was confusing as they did not know what would happen.

Overall Experience: Patients with a coronavirus diagnosis reported poorer experiences than people who did not have the virus. Particularly in relation to discharge and accessing support after leaving hospital



As one of the five components of the Early Intervention programme, the ethos of the iHub is Home First and its goals are to help prevent unnecessary hospital admissions, avoid premature admission to long term residential care, avert delays in discharge from hospital and help people to remain as independent as possible in their own surroundings.

○ THANK YOU 'SUPERSTAR' SANDRA

This month we share a thank you email received by EICT West at Norman Power centre. Well done to Sandra Alali. "An exceptional example of person centred approach" (Fahad Ashraf)." This is such lovely feedback Sandra, what a difference you have made to this family." (Amanda Jones)



My name is Selina Batchelor and I am the daughter of Elizabeth Johnston. My mum's social worker is Sandra. My mum was discharged from hospital a couple of months ago and was not receiving the care she really needed.

Sandra called me to ask how things were going and I explained the difficulties we were experiencing. She encouraged me to get my mum to call her GP but mum was reluctant as she has received poor treatment from them. However, I did ask mum to call her GP and she did and the GP did visit and although mum had asked for the nurse to come daily to change her dressing it wasn't happening.

I relayed this to Sandra when she called me and my mum had a nurse visit her that very evening and the following day another nurse and a Matron came to review mum's needs and found that she did indeed require her dressings changed daily. The heart nurse then called and checked up on her. We were amazed and very grateful for the attention my mum so desperately needed.

This all happened because Sandra really cares about the people she deals with. She rang me and continued to call to check mum was okay and she was the person who pushed and got mum the care she needed.

Sandra is a superstar and deserves recognition for the way she cares and how seriously she takes her job. She is a credit to your department. My family will be forever grateful to her!

HEALTH & SOCIAL CARE BILL – A VIEW BY BAL KAUR

The Health and Care Bill builds on the proposals for legislative change set out by NHS England in its Long-Term Plan, whilst also incorporating valuable lessons learnt from the pandemic that will benefit people using services- both patients and staff.

Amongst other proposed changes – including the creation of Integrated Care Systems (ICS) - the Bill introduces a number of measures that will directly impact upon social care practice – “A package of measures to deliver on specific needs in the social care sector. This will improve oversight and accountability in the delivery of services



through new assurance and data sharing measures in social care, update the legal framework to enable person-centered models of hospital discharge, and introduce improved powers for the Secretary of State to directly make payments to adult social care providers where required.”

As part of the response to COVID, a new policy called “**Discharge to Assess or D2A**” was nationally mandated in March 2020 to ensure that safe discharges from acute hospital can happen as smoothly and as quickly as possible. This is supported by guidance with the latest version of “Hospital Discharge and Community Support: Policy and Operating Model” being published in July 2021. The Bill builds on this and is of great interest to me as it proposes to remove legislative barriers to D2A.

As we know, the D2A approach was already adopted in some areas pre-pandemic and has been nationally funded since March 2020. The Policy Guidance stated that the assessments of people for their longer-term care and support needs should take place after they have had a period of recovery and that this recovery and assessment should not be in the hospital.

The guidance was drawn from the knowledge of best practice - which was inconsistently implemented prior to this point. It highlighted that there are wider barriers to effective discharge and that the cost of delays, and caring for citizens in other settings, are not well understood. The D2A model enables local areas to adopt discharge processes that best meet local needs.

Up until the implementation of D2A policy – some systems were **assessing to discharge**, and it caused significant delays. In order to achieve the aims of D2A most systems will require a shift of personnel better aligned to the community so that these assessments are undertaken at the optimum time. It will require an investment in intermediate care services in both bed-based care and the community. It will be interesting to see how the new legislation and ICS developments in 2022 will further strength the partnership working with Health/Social and Voluntary sector around Hospital Discharges and out of hospital care.

Let’s hope that new Social Care Bill proposals address the range of factors that are still impacting on the ability of local systems to work together and discharge effectively. This will be fundamental to ensure that any improvements in this area can have the maximum benefit.

I welcome the ambitions and aspirations outlined in the Bill as it gives clearer accountability and at a system level formalises shared governance across the NHS, local government and other partners. Above all it emphasises the benefits that can be achieved through collaboration and shared purpose. The proposals will support greater collective effort on improving outcomes for our population, which is the ultimate purpose of our collective efforts in supporting hospital discharges.

Balwinder Kaur , August 2021

○ EICT APPOINTS QUALITY IMPROVEMENT TEAM



The Early Intervention Community Team (EICT) has created a quality improvement team to help continuously improve and develop the service.

Three new recruits have been appointed from within the existing 1000+ strong Early Intervention (EI) staff base to the new team: Amy Allen (formerly the Locality Operations Manager for the North), Fahad (Ash) Ashraf (formerly Team Leader at EICT East) and Kerry-Lynn Allmark (formerly a Matron with BCHC).

The role of the trio is to work with staff to evaluate the service and how it impacts on citizen outcomes. They have already completed the first EICT review, the results of which will be shared next month (September).

LtoR Kerry-Lynn, Amy and Ash celebrating their new appointments

“The most important part of our role is our ability to listen to what our colleagues at the front line say about the service,” says Kerry, “especially their thoughts on what is working on the ground and what could be improved. Our front-line staff are the people who create and deliver the improvements and we are there to help support and facilitate this to happen.”

Ash added: “To ensure we were objective in the approach of our first review, we developed the questions in conjunction with different disciplines from outside the EICT.

“Our plan is to identify best practice and integrate this into a standardised EICT process to ensure we deliver an equitable service for every single service-user across the city. There will be local exemptions as each area does differ slightly but, on the whole, a high-quality standardised service is our goal!”

Part of Birmingham’s Early Intervention programme, the EICT was launched in March 2020 at the start of the first Covid-19 wave and has played a critical role in Birmingham’s response to the global pandemic.

Amy Allen added: “The effort and commitment of the EICT teams across all five localities has been phenomenal during the pandemic. They have still not experienced a steady ‘business as usual’ state but have still managed to intuitively improve the quality of service from day one, honing their skills and being flexible in approach as demands on the service rose to unexpected levels during Covid. We are delighted to be able to support them in their efforts going forward.”



UHB CHARITY DONATION BOOSTS OPAL+



Older People's Assessment & Liaison (OPAL) team

An enhanced and expanded geriatrician led older person's clinical team at the front door of our hospitals, providing specialist care quickly, reducing hospital admissions, and ensuring we care for older people in the most ideal setting for their recovery.

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.

OPAL AND OPAL+ Team at Queen Elizabeth Hospital Birmingham

The University Hospitals Birmingham (UHB) Charity was recently invited to shadow the OPAL and OPAL+ teams based at the Queen Elizabeth Birmingham Hospital (QE) to find out more about the work they do.

As a result of its visit, the Charity is set to fund a new project manager for OPAL+ for 18 months to help the service to strengthen its operation which, together with OPAL, has helped to avoid more than 10,000 unnecessary hospital admissions in the last 12 months.

The grant was funded by NHS Charities Together as part of their COVID-19 grant making and is administered by the UHB Charity.

OPAL+ was launched in March 2020. It is a collaborative partnership between the Older People's Assessment and Liaison (OPAL) team at the QE and the West Midlands Ambulance Service (WMAS). The service runs from 7.30am-8pm seven days a week and involves using telephone and video technology to allow the OPAL+ team to connect to patients in their homes. Often carers and family members who are with the patient contribute to the assessment too.

"We're delighted to support the continued rollout of OPAL+" said Mike Hammond, UHB Charity Chief Executive, "This programme should allow many more people to stay in their own homes without the need to attend the Emergency Department at their local hospital, allowing paramedics to liaise with clinicians and social workers whilst they are with patients, giving a much quicker response for follow up care and support."

Dr Abhishek Gupta, OPAL Consultant and OPAL+ Lead, said, "We ensure the right patient gets the right care at the right time. On average OPAL+ can receive between 60/70 calls a week and out of these calls 80% don't need to be admitted to the hospital. 20% of the calls will be admitted to hospitals nearby, usually at Solihull or Good Hope Hospital. Calls are varied and unique. Every patient has their own unique problem which we will handle in the best way possible. We don't want patients to come to a busy hospital especially with the pandemic if it can be avoided. There is no better place than home and we find this is the ideal place for our patients to get the help they need."

"The success of the OPAL+ service has been as a direct result of the Early Intervention approach. Rather than admit somebody to hospital, we can call on other areas of EI to help support the patient such as the Early Intervention Community Team. This is where the value of EI lies – the ability of all five components to work together to deliver the best outcome for the patient."

For more information on the UHB Charity
www.hospitalcharity.org
 @UHBCCharity

○ EI STAFF UPDATE WITH CHRIS HOLT – SRO FOR EI

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 Tuesday 14 September 1.30pm-2pm

[Click here to join the meeting](#)

○ EI SHORTLISTED FOR NATIONAL AWARDS



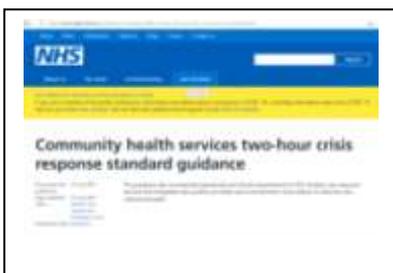
Early Intervention has been shortlisted in the Nursing Times under the 'Caring for Older People' category and the Early Intervention Community Team has been shortlisted for the 'Best Team' category.

EI has also been shortlisted in the national 'Local Government Chronicle' Awards (LGC) under the category of Health and Social Care. Judging for all three awards takes place in September. It's going to be a busy month for some colleagues!



○ URGENT CARE RESPONSE

By 31 March 2022, all community health service commissioners and providers must deliver crisis care to people in their homes/care homes within 2 hours, 7 days a week 8am-8pm and provide care in line with new guidance. EI Matters will start to showcase the work that the EI programme is doing towards implementing this new guidance. Find out more [here](#)



The UCR standards a-first for community services will increase capacity responsiveness and improve outcomes

Case for change

Preventing admissions and providing care at home is critical to managing hospital capacity over the winter and pandemic period and to improve outcomes

These standards build on existing NICE guidance (NG74) which recommends 2hour/2day responses to prevent deterioration and increased needs.

2018 National Audit of Intermediate care recommends capacity needs to double to meet the needs of the population

CQC research shows investment in preventative services can lead to reduced care needs, saving an equivalent of £880 per person, with therapy led reablement proven to reduce need.

Mrs A's story

Following a fall, the GP refers to single point of access with back pain and unable to move. PMH : recurrent falls, dementia and diabetes.

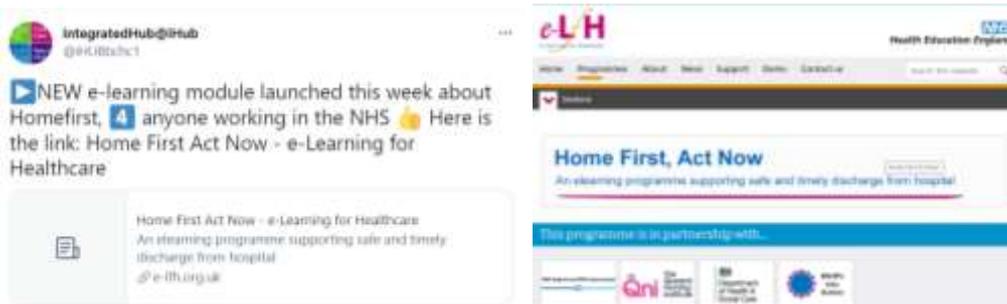
Face to face assessment within 2 hours by an OT identifies crisis package of care, ongoing therapy and equipment provision

Equipment provider supplies hospital bed within 2 hours, RN visit re diabetes management

Outcome : Improvement to pain and diabetes management, independent with frame, no longer requires hospital bed and no ongoing care needs. Hospital admission prevented

○ HOME FIRST E-LEARNING MODULE LAUNCH

A new e-learning module has been launched by NHS Health Education England this week about Home First. This is available for anyone working in the NHS and social care. Our very own Rupinder 'Bobby' Chal (pictured right), contributed to the development of this module #proud. Find out more [here](#)



○ EQUIPMENT LOANS SERVICE UPDATE

The Birmingham Community Equipment Loans Service (BCELS) is looking to transition to the new TCES Community ordering platform during October/November 2021. It is imperative that prescribers who have migrated from bham.community.nhs.uk e-mails to nhs.net get in contact to have their accounts updated.

Salil Parkar, Therapy Lead for inpatients at BCHC said: "I thought it would be useful to share this news in EI Matters as we all know that ensuring a smooth and prompt flow of equipment is important for keeping patient flow as efficient and effective as possible.

"I would urge everybody to update their accounts to ensure that there are no delays with equipment orders and that the BELS has the right information necessary for communication in case of any queries relating to your orders."

Please contact bces@birmingham.gov.uk to update your account.

○ 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.