WM QRS West Midlands Quality Review Service

NHS

Formative Review
Care of Frail Older People

Shropshire, Telford & Wrekin Health Economy

Visit Date: 5th & 6th March 2014 Report Date: June 2014

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INTRODUCTION

This report presents the findings of the formative review of the care of frail older people in Shropshire and Telford & Wrekin which took place on 5th and 6th March 2014. The care of frail older people was identified by several health economies as a topic for work with WMQRS during 2013/14. Formative review visits were agreed, with the aim of improving quality of life, quality of care and outcomes for frail older people and their families and, in particular:

1. Identifying areas which are working well
2. Identifying where improvements are needed
3. Informing future commissioning intentions
4. Sharing good practice and expertise

The report reflects the situation at the time of the visit. Appendix 1 lists the visiting team which reviewed the services in Shropshire and Telford & Wrekin health economy.

The review used a framework covering the care of frail older people (Appendix 2) which has the following main areas:

a. Conditions and therapeutic interventions
b. Preventive and supportive interventions
c. Care (health and social)
d. Responses to urgent need
e. Cross-cutting patient care
f. Underpinning issues

During the course of the visit reviewers met service users and carers and representatives of a wide range of service providers and commissioners. For each area of the framework reviewers asked about what was working well, whether plans were in place and, in the view of reviewers, what changes were needed. Some issues emerged as common themes across all parts of the framework and are described once only.

This report describes services provided or commissioned by all the NHS Trusts, Clinical Commissioning Groups (CCGs) and Local Authorities in Shropshire and Telford & Wrekin, together with independent and voluntary sector partners. The review used a framework of questions but not a detailed review against Standards and the findings therefore do not have the same level of rigour and consistency as full peer review visit reports. Responsibility for addressing the issues identified in this report lies with all these organisations working in partnership, taking into account that this is a formative review which may not have a full picture of local services. Shropshire and Telford & Wrekin Clinical Commissioning Groups have a particular responsibility for ensuring appropriate progress is made.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS was set up as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Shropshire, Telford and Wrekin health economy for their hard work in preparing for the review and for their

kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

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CARE OF FRAIL OLDER PEOPLE

Reviewers noted that they did not meet any allied health professionals involved in the delivery of care for frail older people. This aspect of the services available may not, therefore, be fully represented in this report.

COMMON THEMES

Working Well

1 The Shropdoc GP out of hours service provided a comprehensive and responsive service, including a 24/7 single point of access referral service and care coordination centre. The 'conversion rate' for out of hours calls to Shropdoc was low with only three per cent leading to ambulance transfer to hospital (compared to 10% for the national 111 service). Sixty per cent of all calls were managed by advice only, figures specific for frail older people were not available but reviewers considered this would probably be lower. The care coordination centre used a telephone assessment tool which allowed access to step up care when indicated.

Plans in Place

1 A substantial work programme was already in place with lots of projects as well as the significant *'Futurefit'* programme. The number and range of projects appeared very large to reviewers who wondered whether achieving and embedding the work was feasible and sustainable, especially because many of the projects were pilots.

Change Needed

1 **Communication, especially between acute and community Trusts**

Many projects and initiatives were taking place, some of which were short-term. It was not clear that operational staff fully understood the range and scope of the projects which were taking place. Relationships between NHS Trusts, CCGs, Local Authority Social Services Departments and the independent and voluntary sector did not appear to be functioning as well as they could with people who met the visiting team reporting good relationships with some but not all organisations.

Reviewers were told about several operational issues between the acute and community Trust which should be resolved relatively easily through improved collaboration between these organisations. One specific example was that community hospitals did not receive a 'transfer of care' letter when patients were discharged from the acute Trust to their care. All 'transfer of care' procedures started again when a patient was admitted to a community hospital, rather than community hospitals taking over from the point which had been reached in the acute Trust. Service users also commented about the lack of post-discharge communication to providers of sheltered housing.

Reviewers suggested consideration of the following:

a. Ensure community hospitals and other intermediate care or other relevant services involved in patients' care receive 'transfer of care' communication from The Shrewsbury and Telford Hospital NHS Trust.
b. Ensure 'transfer of care' procedures are handed over from The Shrewsbury and Telford Hospital NHS Trust to community hospitals and other intermediate care services (for example, assessments undertaken, care homes considered).

2 Communication about services available

The range of services available for the care of frail older people, and the geographical area which they covered, were difficult for reviewers to understand. Some operational staff did not know about services which were available, for example, the integrated care services. A clear guide for staff and patients about the services available may be helpful.

Reviewers suggested consideration of the following:

a. Produce and distribute widely an easily understandable guide for staff and patients about available intermediate care and community services, including the criteria for acceptance by the service and the geographical area covered.

3 Community hospitals

Reviewers commented that the number of community hospital beds in Shropshire appeared very high for the population served, especially as there were also rehabilitation beds in The Shrewsbury and Telford Hospital NHS Trust and at The Robert Jones and Agnes Hunt (Orthopaedic) Hospital NHS Foundation Trust. At the time of the review there were 91 beds in four community hospitals in Shropshire (14, 16, 25 and 36 beds), 19 step-down beds in two care homes in Telford and Wrekin and 15 'winter pressure' beds. The type of patients accepted and model of care expected in the community hospitals was not clear and reviewers heard little evidence of proactive management of patients through their community hospital stay and systems to 'drive' the pathway through to discharge.

Reviewers were particularly concerned that the medical input to the care of patients in the community hospitals appeared to be reactive rather than proactive. GPs came into the hospitals daily for an hour, Monday to Friday. The GP responsible for visiting the community hospital rotated between practices on a monthly basis. Nurses generally kept a book of issues which needed the GP's attention. Only Bishop's Castle community hospital was visited by a care of older people consultant who did a ward round every two weeks.

Reviewers suggested consideration of the following:

a. Appoint a GP with a special interest in the care of frail older people for each community hospital (with cover for absences).
b. Ensure all community hospitals are visited regularly by a care of the older people consultant.
c. Enhance nursing and HCA skills, for example, in nurse prescribing and undertaking relevant assessments, in order to reduce delays in the patient pathway.
d. Review the multi-disciplinary input to community hospitals to ensure an active programme of rehabilitation can be provided.
e. Ensure each community hospital has an appropriate structure of multi-disciplinary meetings to drive the care planning and review process.
f. The WMQRS Quality Standards for intermediate care services which are being developed with Shropshire and Telford & Wrekin health economies give more detail of the expected standards for community hospital services and an active programme of work towards these standards may be helpful.

4 Enhanced nursing skills

A common theme through the day was a relative lack of development of enhanced nursing skills, for example, for nurse prescribing, IV antibiotics and undertaking relevant assessments. A programme of developing enhanced skills for Health Care Assistants was also not apparent. Shropshire Community NHS Trust did have a nurse consultant with good ideas in this area but these did not appear to be being supported and taken forward by the Trust.

Reviewers suggested consideration of the following:

a. Consider developing enhanced nursing and HCA skills, for example, in nurse prescribing and undertaking relevant assessments, in community hospitals and other community services in order to reduce delays in the patient pathway and support the care of people at home.

5 **Clinical leadership and strategy**

A clear strategy for the development of services for frail older people in Shropshire and Telford & Wrekin was not apparent to reviewers. Some ideas were being considered, including the assessment unit for frail older people, but these did not appear to be part of an overall strategy. Reviewers met GP commissioners, other commissioners and many clinical staff interested in the care of frail older people but did not meet anyone with a recognised clinical leadership role in this area. Such a role will be pivotal to developing and driving implementation of a strategy for the care of frail older people.

Reviewers suggested consideration of the following:

a. Appoint a clinical leader involved in the delivery of care for frail older people with responsibility for developing and driving implementation of a strategy for their care.
b. Develop a strategy for the care of frail older people through involvement with service users, carers and all relevant sectors and organisations.

6 **Care of Older People Consultants**

Reviewers were told that the health economy had six (headcount not w.t.e.) consultants specialising in care of older people, two senior non-career grade doctors and one locum consultant. Plans to appoint a further locum consultant in support of orthogeriatrics were being considered. This was considered a low level and had remained low for several years and despite multiple attempts to recruit.

Reviewers suggested that this should be considered alongside the issues of clinical leadership, development of a strategy for the care of frail older people (see below) and the development of enhanced nursing skills, including specialist nurses in the care of frail older people. This may result in more interesting and attractive job descriptions for which recruitment may be easier.

Reviewers suggested consideration of the following:

a. Develop a plan for an integrated specialist medical workforce to support implementation of the strategy for the care of frail older people across acute and community services.

CONDITIONS & THERAPEUTIC INTERVENTIONS

Working Well

1 *'Telehealth'* had been implemented for people with COPD, supported by links to the ambulance service.

2 The Memory Service would see people the next working day if they were referred urgently before 5pm and within seven days for other referrals.

3 Good work on the care of people with dementia during admissions to Shrewsbury and Telford Hospital NHS Trust was taking place. Dementia and delirium care bundles had been developed, relatives were being involved more in providing care and patient 'passport' had been developed.

4 Urgent mental health assessment was available in the Emergency Departments within one to six hours (depending on clinical need) and in other acute hospital wards within 24 hours of referral.

5 Sheldon Ward at Robert Jones and Agnes Hunt Hospital NHS Foundation Trust provided 15 rehabilitation beds. A further four 'step-down' beds were available for those patients recovering from surgery who had not yet reached their rehabilitation potential.

Change Needed

1 Reviewers were told that community hospitals did not have the same access to an urgent mental health assessment and patients could wait up to seven days for this. A review of expected timescales for urgent mental health assessment in community hospitals maybe helpful.

2 No other specific points were identified relating to conditions and therapeutic interventions. Tackling the issues raised in the 2012 WMQRS review of the care of people with long-term conditions will be relevant to this area.

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Preventive & Supportive Interventions

Working Well

1 In Shropshire, Community Care Coordinators in 26 of the 45 practices provided integrated support for frail older people and 'signposted' to relevant voluntary services. In Telford & Wrekin an equivalent service was delivered by Care Navigators employed by AGE UK. Nine out of the 22 practices in Telford and Wrekin had a Care Navigator.

2 Voluntary sector organisations were providing good support, in particular the Compassionate Communities (CoCo) befriending and support service.

3 The HARMS team provided good support for the management of polypharmacy in care homes and GP practices, although this team did not cover all of Shropshire and Telford & Wrekin.

4 Falls prevention services appeared well organised, with the use of a Royal College assessment tool in hospital team and the community team piloting a self-developed comprehensive falls assessment tool with good initial results. Leadership of both teams was strong.

5 An audiology support group provided very good support to people newly fitted with hearing aids.

Plans in Place

1 Plans were in place to extend the Community Care Coordinator role to more practices in Shropshire. In Telford & Wrekin funding had been secured to continue embedding the Care Navigator role into practices.

Change Needed

1 Reviewers suggested that agreement of a single falls assessment tool for use across hospital and community teams may be helpful.

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Care (Health & Social)

Working Well

1 The integrated health and social care team covering Shrewsbury and Atcham appeared to be working well. This was a well-resourced team but covered a limited area and some staff from both acute and community hospitals did not know of its existence or that they could refer to it.

2 GPs in Shropshire were liaising with patients and families in care homes to ensure a care plan was in place and logged with *Shropdoc*, in case out of hours care was needed. These care plans were printed out whenever a patient needed hospital admission.

3 Telford and Wrekin were working on 'flagging' patients with advanced care plans from care homes

4 The Red Cross was available to provide post-discharge support for up to six weeks for example, help with shopping, stocking fridges and other non-clinical care. Representatives from the Red Cross suggested that they could offer support to a greater number of patients transferring home from the Royal Shrewsbury and Princess Royal Hospitals if appropriate links were in place.

Plans in Place

1 Draft proposals had been reached on use of the '*Better Care'* fund to develop community services and improve integration.

Change Needed

1 The number of community matrons appeared low for the size of population served. Eight community matrons served the whole area with four for Telford and Wrekin and four for Shropshire. Recent skill mix changes had been made in the Enablement and District Nursing teams. It was not clear that the balance between specialist and generalist skills was appropriate for the case mix of patients.

2 Reviewers were told about gaps in care packages available, especially in South Shropshire.

3 Service users reported difficulties and delays in social care assessments when they were admitted to a hospital outside the Local Authority in which they lived.

4 Reviewers were told of a one hour gap in the evening between daytime district nursing services, which ran until 7pm, and the night-time community nurse cover provided by *Shropdoc*, which started at 8pm. It may be helpful to review whether this causes problems in practice and whether appropriate handover is provided.

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Response to Urgent Need

Working Well

1 Telford and Wrekin social services provided access to emergency care provision by council carers within two hours of request so long as the person was registered with the council as needing care. This care lasted for up to 72 hours which gave good emergency support while alternative arrangements were being made.

2 Admission avoidance services were available Monday to Friday through DAART (Diagnosis, Assessment and Access to Rehabilitation Team) in Shropshire and TRASE (Telford Rapid Access Service for the Elderly) in Telford & Wrekin, although reviewers were told that the service in Oswestry and Bridgnorth was not fully utilised and the Telford service had a waiting list due to medical staffing vacancies.

3 'In-reach' to Emergency Departments had been established. At Princess Royal Hospital, Telford, care of older people consultants identified frail older people who had visited the Emergency Department and then discussed their care at a multi-disciplinary meeting. At Royal Shrewsbury Hospital a GP with a special interest worked in the Emergency Department to support the care of frail older people who did not require admission to hospital.

4 Shropshire CCG had access to the acute trust demand and capacity dashboard.

Plans in Place

1 An assessment unit for frail older people (ECAU) was being considered as part of the *'Futurefit'* programme, although mental health services had not yet been involved in this development.

Change Needed

1 The Rapid Response Team in Telford & Wrekin ran until 9pm whereas in Shropshire it finished at 6pm. In Shropshire there was therefore a gap of two hours before *Shropdoc* nurses came on duty. It may be helpful to review whether this causes problems in practice and whether appropriate handover is provided in Shropshire.

2 Reviewers supported the development of an assessment unit/s for frail older people, including the potential to 'outreach' to other wards and link with the development of ambulatory care services. Reviewers suggested that mental health and community services should be involved in the planning of this unit.

3 Communication with the ambulance service did not appear to be working as well as in some other areas although *Shropdoc* was working to improve links with the ambulance service and develop jointly agreed pathways.

4 The emergency care pathway across primary and secondary care was unclear and quite confusing for reviewers because of the range of services involved and differences between Shropshire and Telford & Wrekin. Clarifying this pathway may be helpful. The use of community hospital beds for step up as well as step down could be considered as part of this work.

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CROSS-CUTTING PATIENT CARE

Working Well

1 An infection prevention team in the community provided training to care homes and a reduction in the number of infections had been seen as a result of this work.

2 Telford & Wrekin Council ran a 'My Life' information resource to help and support carers or people in need of additional services. This provided very good interactive information and supported feedback about users' experience of services.

3 An enthusiastic, proactive safeguarding team worked across acute and community health services and covered both Shropshire and Telford & Wrekin. A range of initiatives was being actively pursued.

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UNDERPINNING ISSUES

Change Needed

1 *Shropdoc* was making use of electronic communication but the use of electronic patient records and electronic communication in community services appeared relatively under-developed, with community staff spending time 'returning to base' for records or to write up their notes.

2 Reviewers were told of other 'single point of access' coordination services in addition to the *Shropdoc* service.

3 Carers who met reviewers said that they were not always involved when frail older people were admitted to acute services. They said that valuable information and support was missed when they were not engaged in planning their care.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Executive Lead

Dr Bhomraj Thanvi	Consultant Stroke Physician	South Warwickshire NHS Foundation Trust

Visiting Team

Simon Evans	Head of Performance	The Royal Wolverhampton NHS Trust
Amanda Futers	Clinical Nurse Specialist Older Adults	University Hospital of North Staffordshire NHS Trust
Elizabeth Kiernan	Clinical Nurse Specialist Older People	University Hospitals Coventry & Warwickshire NHS Trust
Elizabeth Malpass	Community Matron/Case Manager	Staffordshire & Stoke on Trent Partnership NHS Trust
Rachel McKeown	Acting Associate Director Community Hospitals and Clinical Support Services	Burton Hospitals NHS Foundation Trust
Heidi Osborne	Safeguarding Nurse	NHS Birmingham South Central CCG
Leonie Paterson	Clinical Specialist in Neurological Physiotherapy	Staffordshire & Stoke on Trent Partnership NHS Trust
Judith Whalley	Patient Representative	

WMQRS Team

Jane Eminson	Acting Director	West Midlands Quality Review Service
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APPENDIX 2 FRAMEWORK FOR FORMATIVE REVIEWS