Urgent Care at Home

Wiltshire Council is a strong believer in the integration of services. The focus on a whole systems approach is exemplified in Wiltshire's Health and Wellbeing Board, which includes all provider representatives as non-voting members of the Board, alongside commissioners.

Recently, Wiltshire Council developed its Better Care Plan in close cooperation with NHS Wiltshire Clinical Commissioning Group (CCG) and in consultation with a wide range of local stakeholders. It was one of five Better Care Plans in the country to be fast-tracked for sign-off by ministers, recognising the extensive involvement across the health and social care economy.

One aspect of the Better Care Plan which is already gaining widespread attention is the groundbreaking work developing on Urgent Care@Home (UC@H), which works for professionals to co-ordinate and facilitate rapid access to services 24 hours a day, 7-days a week; and co-ordinate intermediate care and hospital discharge. The service provides health and social care support within one hour in times of crisis and helps prevent unnecessary hospital admissions.

The new service was developed at scale late in 2013 when Wiltshire Council, working with Wiltshire CCG, commissioned Medvivo to deliver a project providing an integrated rapid health & social care response service for service users in crisis in their own home. Depending on the most appropriate pathway for the service user, the project focuses on supporting service users to:

- Access appropriate assessments in the right place at the right time
- Remain at home with additional support
- 'Step up' to a Community Hospital or Intermediate Care Bed
- Expedite return to home with additional support following acute assessment

Patients often present to their GP, the ambulance service or community nursing teams with an urgent health or social care crisis that does not necessitate hospital admission. However, without rapidly coordinated care they often cannot stay at home and an admission becomes the 'default option'. This new service is designed to end this cycle.

A Single Point of Access (SPA) Team assess and coordinate support for service users who have been directly referred to the service or have been identified as appropriate within other pathways. They coordinate a crisis response team, supported by MiHomecare (one of Wiltshire Council's Help to Live at Home providers) who assist with further assessment and actively support the patient in the short term. The SPA Team then coordinate further crisis support in order to 'hold' the patient in the community until standard care and support provision can commence. The SPA Team arrange and coordinate any required assessments e.g. a visit from the service users' own GP, and actively refer onwards. Where it is not appropriate for service users to be supported at home, the SPA Team arrange their 'step up' admission into an Intermediate Care bed, a Community Hospital or an Acute Hospital. Where a service user requires acute assessment the SPA team will, where appropriate, use the above methods to expedite their return home.

The above is delivered through the UC@H consisting of:

UC@H Assessment and Coordination: The SPA Team clinically assess and coordinate support for service users who have been directly referred to the service or have been identified as appropriate within other pathways. If required, part of this assessment process is the provision of an UC@H crisis response, within one hour from referral. The UC@H crisis response assists with further assessment and actively supports the patient in the short term. It is provided by the Medvivo Telecare Response Team operating from four bases across the county; and supported by Mihomecare.

Initially the SPA refers into 'traditional' care pathways such as Community Teams and Wiltshire Council's Help to Live at Home service. If appropriate, the SPA then coordinates urgent domiciliary care support (described below) in order to 'hold' the patient in the community until standard care & support provision can start. The SPA arrange and coordinate any required assessments e.g. a visit from the service users' own GP and actively refer onwards for any continuing assessments or support required. Where it is not appropriate for service users to be supported at home, the SPA arrange their 'step up' admission into an Intermediate Care Bed or Community Hospital. Where a service user has required acute assessment the SPA team will, where appropriate, utilise the above methods to expedite their return home.

UC@H Domiciliary Care Provision: Often it is appropriate for service users to remain at home but they require an increased level of domiciliary support to enable them do so. When traditional services are unable to provide this support quickly enough to prevent inappropriate admission the SPA coordinates a dedicated UC@H Domiciliary Care Team (Mihomecare). The Team deliver the required urgent care support until standard provision can take over (for up to 72 hours). Support provided ranges from one-off support visits up to 24 hour care. This element of support builds seamlessly on the rapid response service, which is commissioned as part of the Telecare service.

Results of the project

Initially the pilot focussed purely on admission avoidance, however more recently the initiative has been expanded to facilitate hospital discharges, for example, providing interim support until planned care packages can commence.

Since the pilot began in November 2013; Medvivo has received a total of 541 referrals; 423 admissions have been avoided and 51 discharges have been facilitated. This demonstrates clear benefits for both service users and the local health and social care economy.

The project has been formally peer reviewed by local GPs and assessed as highly successful. Of those classified as avoided admissions the evaluators concurred in 96% of cases.

Quantitative information such as referral time, referral source, average time spent on the caseload and the type of support provided is analysed and combined with qualitative feedback from service users and the teams involved in order to continually develop and improve the service.

A local GP told us: "it (*Urgent Care @ Home*) seems to be very effective and an excellent example of innovation"

A patient's neighbour told us: "the care was outstanding"