Expansion of Services for Older People at University Hospital of South Manchester NHS Foundation Trust – Update for 30th June 2015 Joint Health Overview and Scrutiny Committee

Background

UHSM priority objectives for 2015/16 are the delivery of the Emergency Department access target and of the financial recovery programme. A significant contribution to achievement of both of these goals can be achieved through implementation of a multi-faceted frailty model. Supporting organisational objectives relating to reduction in length of stay and delivering out of hospital care, jointly with our strategic partners, can also be delivered through this model.

A review of length of stay and services for the frail elderly at UHSM concluded that there was a lack of strategic direction to deliver on these objectives. The review was undertaken with commissioner and social care engagement and commitment to an improvement was agreed between all parties.

Critical success factors will include reduced admission rates from A&E, reduced length of stay, reduction in delayed transfers of care, and reduced admissions to long term care establishments. A Frailty Action Group has been developed to deliver these projects.

Failure to implement a frailty model will be out of step with the national trend. The aging population and diversion of funds to deliver care in the home or community settings, drive the need to de-hospitalise care for frail older people.

There is a growing body of evidence to support implementation of specialist geriatric assessment services to avoid admission and reduce length of stay in frail older people. NHS England estimates that at least 10% of medical attendances can be assessed and discharged when specialist geriatric assessment, supported by a multi-disciplinary team, is available at the hospital 'front door'.

Reduction of emergency admissions, early discharge, and greater independence are all key objectives within key strategic documents authored or referenced by SMCCG (A New Delivery model for frail older people, Better Care Fund, Living Longer Living Better). Equally, Trafford CCG is reviewing their overall offer of Frail and Older People Services in Trafford, to which the Complex Health team is contributing. Both CCGs are working together to deliver joint pathways and assessments for patients to progress through a Discharge to Assess model and resource for increased home based pathways. These were supported through winter escalation monies for 2014/15.

Summary Plan to Achieve Vision

In order to achieve the vision there are two key developments.

Older Persons Assessment & Liaison Team (OPAL) into A&E

The OPAL team has been operational in A&E since June 2014, starting at 2 days per week and delivering 5 days by early September. KPIs indicate that the admission conversion rate over this period reduces from 64.2% to 37.3%. The data also shows that patients who are admitted via OPAL, have a shorter length of stay than those not admitted by OPAL. Overall, this is a bed saving of 4,184 bed days which converts to 11 beds. These benefits have previously been demonstrated by the implementation of an OPAL service at Guys and St Thomas' (mean LOS reduced by 4 days).

There are operational benefits in A&E which positively contribute to achievement of the A&E target:

- The extra Geriatrician capacity frees up both A&E Doctor and Medicine Specialty Doctor time to see other patients.
- The Geriatricians are familiar with interacting with older people and know how to gain and impart the information required quickly. Junior medical staff, either in A&E or on the General Medical rota, invariably do not yet have this skill.
- Most of the patients seen by OPAL are not admitted so they are not waiting for a bed, so do not cause a bed unavailability breach. This is exactly the kind of patient which would have caused a bed unavailability breach previously.
- There will be a reduction in diagnostics as the OPAL will quickly determine whether routine investigations may actually be required.
- If we compare April and May 2013 with April and May 2014, then we see a growth in A&E attends for the over 80s of 14% and a further 8% in 2014-15, which further strengthens the need to develop services for this group of patients

Activity for October to December 2014 suggests that 114 patients can be seen per month but the team predict that this could increase further with dedicated junior doctor support. This will reduce the number of non elective spells by 364 per annum and increase the short stay non elective spells by 364..

The reduction in occupied bed days associated with the increase in discharges is 364 or 4,184 bed days which should release approximately £435k of direct ward expenditure.

UHSM has now committed to moving the OPAL in A&E service from a pilot basis to being provided as a core service.

OPAL on Acute Medical Unit

There is limited evidence to prove the effectiveness of a frailty unit. However the Acute Care Toolkit published by the Royal College of Physicians, asserts that early and comprehensive assessment of older people "has the potential to improve outcomes, reduce hospitalisation and potentially reduce the need for long term care". The success of a Frailty Unit lies in undergoing full detailed assessments of medical, cognitive, functional, social and environmental circumstances at the earliest opportunity following admission.

Leicester University Hospitals NHS Trust developed an Elderly Frailty Unit linked to the A&E department. It comprised of 8-12 beds staffed by geriatricians, A&E consultants, nurses, therapists and primary care co-ordinators. The combination of this Unit along with A&E in reach and follow up, led to a reduction of admissions by 23% of the over 85s and a reduced readmission rate at 7 (25%), 30 (33%) and 90 (18%) days. It was projected that this increased discharge rate had saved 6,048 bed days per annum based on a presumed 9 day LOS. This is the equivalent of 16 bed closures.

The Critical Success Factors for the Acute Frailty Unit have been identified as a LOS of no longer than 72 hours, with 60% of patients being discharged home within 24 hours and less than 10% being admitted to another ward.

It has been agreed that for UHSM OPAL on AMU will be established, and will go live from September '15 onwards. The unit will consist of 14 beds and will be supported by its own dedicated team of Advanced Nurse Practioners, Therapy Staff (Occupational Therapy and Physiotherapy) and Social Workers.

A weekend Frailty Consultant rota to support the Frailty Unit and A&E will go live from September '15. An additional Consultant Geriatrician is also being recruited to support this development.

OPAL on AMU is expected to improve length of stay by over 2/3s reducing the average 10 day stay to a maximum 3 day stay. This will reduce the number of non elective spells by 143 per annum and increase the short stay non elective spells by 143.

Silas Nicholls

Chief Operating Officer / Deputy Chief Executive

University Hospital of South Manchester NHS Foundation Trust