Thanet Health CIC

Home Visiting Service (HVS) 13th January 2020 to July 2020 report

Background

Thanet CCG recognise local primary care services are under increasing pressure to meet the needs of their patient population who require home visits, this is partly due to the unscheduled nature of 'acute' home visits and partly due to the ongoing rise in the elderly population (especially over 75's).

There are a number of Home Visiting services operating in other parts of East Kent CCGs and therefore Thanet CCG have commissioned a short term (12 months) Home visiting service for patients residing in care homes with the exception for practices which have no registered care homes, for these practices patients residing in their homes can be referred.

The expected outcomes of the service are as follows:

- Reduce pressure on primary care
- Improve/ maintain quality of care and experience for patients who need a home visit
- Embed highly productive relationships with and between health, social care and in particular General practice
- Ensure that people and patients are able to access, fully engage with and benefit from these services
- Support appropriate care planning and care co-ordination to ensure seamless services are provided
- Reduction in avoidable unscheduled hospital attendances and stays

Thanet Health CIC have undertaken a detailed review of the service it has been delivering and have developed an interim report capturing the outputs and impact from the start of the service (13th January 2020) to 31st July 2020.

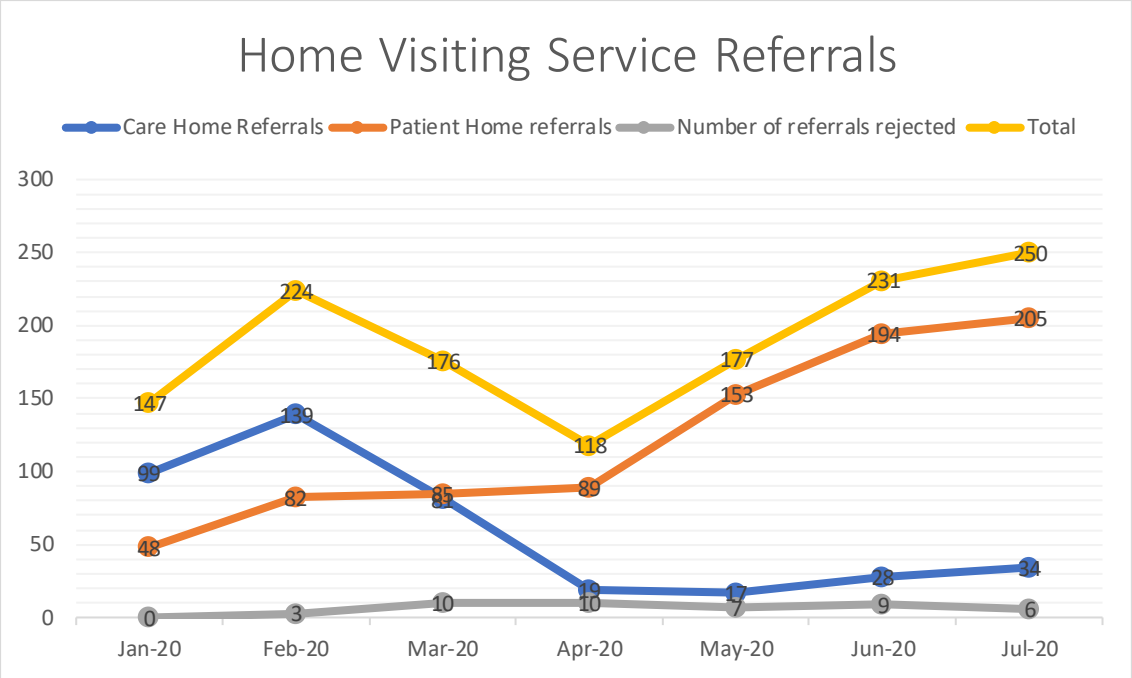
Service Performance and outcomes:

1. Reducing pressure on primary care:

During the initial 7 months of service going live, the HVS received **1323 referrals**, of which 1278 (96.6%) were accepted, accessed and treated on the day of the referral. Of the 1278 patients seen, 67.3% (861) were patients residing in their own homes and the remaining were patients residing in care homes.

45 patients were reviewed by HVS GP and were either declined by the services as they did not meet the service criteria, or the practice contacted the HVS with an update to say the patient no longer requires a visit. All referrals declined by the service were communicated back to the GP practice in a timely manner.

The graph below shows the activity breakdown:



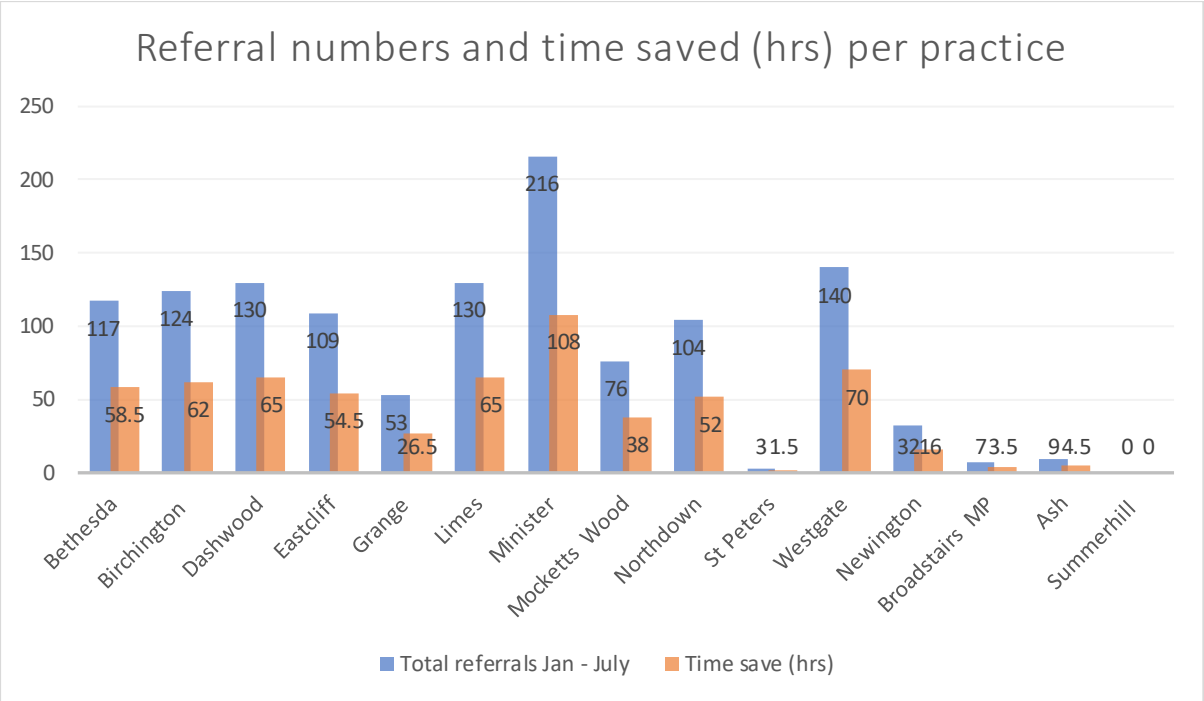
On average, it can take GP / clinician up to 30 mins to review a home patient, therefore with the HVS taking responsibility for 1278 patients, this has released 639hrs, which equates to circa **16 weeks of GP / clinician time saved** across Thanet general practices.

The service initially focused on Care Homes (as per the commissioned criteria), however due to COVID 19, the demands across all general practices changed and the number of referrals from Care homes reduced and requests from individuals residing in their own homes increased, the HVS responded to local needs and with agreement from commissioners accepted all patient referrals (care homes and private homes). The change in trend can be clearly seen in the graph above. The graph also shows a rapid decline in referrals in April (due to COVID) but then significant month on month increase in the total referrals.

Referral trends at practice level and at PCN level

THCIC has promoted the HVS to all practices across Thanet (directly and via PCN), there has not been any restrictions placed on the number of referrals the practices can refer, only that practices follow the set criteria as stipulated by commissioner. The bar chart below provides a breakdown of the number of referrals received per practice and the number of hours saved at practice level (based on 30 mins per home visit). All practices across Thanet have engaged with the HVS, Summerhill have not referred any patients between January to July however the service has received its first referral to HVS in August.

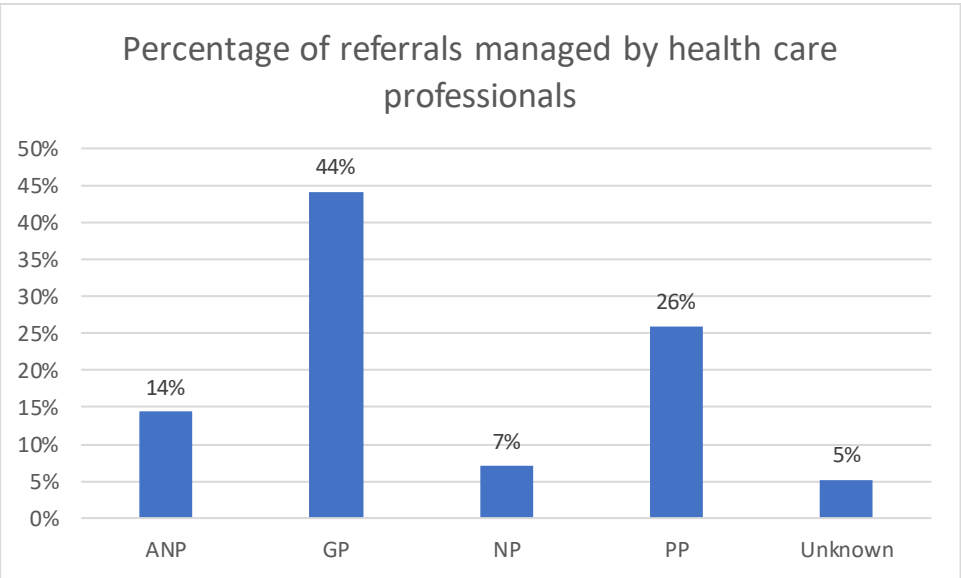
Referral numbers by practice and time saved:



When comparing the number of referrals received per PCN, the three PCN's across Thanet all referred similar number of patients to the HVS.

Outcome of visits:

The HVS is a multi-disciplinary comprising of GP's, Paramedic Practitioner and ANP's, all referrals are assessed and triaged to the most appropriate clinician so that patient care can be appropriately managed in a safe and effective manner. The table below highlights the % of patients seen by the differing health care professionals:



Due to the complex nature of the referrals a large percentage (44%) of the referrals are seen and managed by the GP within the team. The GP is also available to other Health care professionals to provide supervision and support where required as well as support with any prescribing needs. The team is proactive and aims reduce as much administration burden by directly referring all urgent 2ww referrals as well as DVT and all Complex-ART (C-ART) referrals for those patients with ongoing complex health and care needs.

The team are unable to refer any patients for diagnostics or to speciality and therefore these patients are referred to the GP practice to action.

2. **Improve/ maintain quality of care and experience for patients who need a home visit**

As this service is in a pilot stage, it is important to receive regular feedback from patients, care home staff and GP practices. We have implemented different feedback methodologies to receive feedback about our service.

Patient feedback is received by leaving a printed questionnaire with stamped address envelope for patients to send back when it is convenient to them. Feedback from care homes is done using AccuRx and feedback from GP practices is gathered from any feedback received directly (via PCN or hot site meetings or when the practices contact the Home Visiting service) or indirectly i.e. from the CCG.

Patient experience feedback

In September, the service received 25 feedback responses, overall, the feedback was very positive, the table below shows a summary of the responses.

Questions	Do you feel you were treated in a respectful and dignified manner?	Do you feel your health and care needs were met?	Overall, how was your experience of our service?
Responses	25/25 reported: **yes all the time**	23/25 responded: **yes definitely**	24/25 responded: **very good**
		2/25 responded: **Yes, to some extent**	1/25 responded: **Good**

Some of the comments received include:

"Extremely good, could not fault them, discussed every step, in detail, very happy with the care I was given"

"Was very charming man, I was given antibiotics and I feel much better now". Patient also made the following suggestion: "My practice did state a flu jab will be given to me at my home, but this has not happened, could this not be included?"

"More convenient then the GP surgery"

The lady was wonderful, made me feel a lot better. I am 77 and I felt she took the time to listened to me, could not have asked for anything better"

"Very thorough service, I was sent to the hospital for more tests. I feel a lot better now"

"The Dr was very good, examined fully and had to go the hospital. Still having problems but much better now"

"Very helpful", wife reported "my husband is much more independence now I am able to cope much better now"

"Nurse was excellent. Could not wish for anything better"

"The nurse was great, good to see someone on the same day. Got to the heart of the problem and got a prescription sent to my pharmacy for collection. Could not fault the service. Absolutely fantastic!"

"Excellent Service, Dr was very friendly and helpful. A home visit took away a lot of my stress"
A care home reported "we feel that this is good help and supports the Drs surgery. The home visiting team visit straightaway, this is excellent and much better than the GP practices"

"Really good service. Better than our own GP impressed how quick the service responds

Feedback from CCG
The CCG have commissioned an independent consultancy to review of our Home Visiting Service which captures views from CCG and care homes. The overall report has been very positive and concluded the following:

- ✓ **The speed and quality of service delivery** scored extremely high by both practices and care homes. This in turn helps with reducing potential for exacerbation of problems.

- ✓ Thanet CIC particularly noted the strength of the team and its skills, its relationship with other services and providers, its responsiveness to patients' needs and the added value of having a GP in the team.

- ✓ Key highlights from GP practice staff were timeliness of service; quality of the visits/service including actions as a result of visits; time freed up for GPs to manage other parts of their caseloads; improved patient experience.

- ✓ Key highlights from care home staff were residents were seen quickly – mostly on the same day as the GP Practice was contacted; residents needs were met (5 out of 7 responses); clinicians were polite and attentive.

Complaints
The Home Visiting Service has **not** received any complaints

Incidents

There have been a small number of incidents that have occurred in the first 6 months of the Home Visiting Service, these incidents were recorded as SIs and thoroughly investigated and concluded. Brief details of these are as follows:

Case no. 1, January 2020

A 76 yr old patient who had sustained a fall and had hip/leg pain, was visited by one of the NP working for the service. On arrival he was found to be on the floor having apparently rolled out of bed. The NP fully examined the patient, finding him to have evidence of bruising to his hip area (some new and some old), believed he had evidence of bursitis and as he was able to weight bear reasonably well, felt that the patient had sustained a soft tissue injury rather than a bony injury. However, the NP did detail within her notes that a hip x-ray should be considered by the GP practice to exclude bony injury.

Recommendation for an x-ray was not seen by the GP practice until 3 days after the NP visited, unfortunately the patient died before the hip x-ray could be undertaken.

Action: Investigation included taking statements from the NP concerned and contact with the surgery to keep them updated on the progress and findings of the investigation.

Changes to practice/process: As a result of this incident it was decided to introduce read receipts for all EDNs sent through from the HVS to ensure that the HVS team had confirmation that the notes had been seen. Additionally, any recommendations for further treatment/investigations etc is now highlighted by phone to the GP surgery, to ensure that required actions are acted upon in a timely manner.

Learning: A clinical reflection session was undertaken with the NP and discussed with the whole team to highlight the importance of clarity within notes, particularly around physical examination findings and how these relate to the formulation of a working diagnosis. The team discussion ensured that new practices were embedded, and learning had taken place.

Case no. 2 March 2020

An 82 yr old patient was referred to the HVS following a request by her daughter for a visit as her mother had been feeling generally unwell. The call was taken by one of the admin staff who, it is presumed, did not record the details in the normal manner and unfortunately the visit request and patient details were not recorded onto EMIS or allocated as a visit to a member of the HVS team. The patient's daughter did chase up the visit with the surgery as her mother had not been seen by late afternoon – unfortunately no communication was received by the HVS team from the surgery with regards to this and this resulted in the patient not receiving a visit. The HVS team were later notified that the patient was admitted to hospital on the following day suffering from a stroke and unfortunately died two days later.

Action: The case was thoroughly investigated by both the HVS team and the GP surgery, this included reviewing telephone recordings of referral and gaining statements from all concerned. It was found that process had not been followed particularly in relation to adhering to the referral (exclusion criteria), had the patient's actual symptoms been shared then the advice would have been to call 999 for an ambulance. Following full investigation the case was closed.

Learning: As a result of this incident new documentation was produced at HVS to ensure that all information is documented at the time of the call. The daily auditing log was developed as a direct result of this incident. Additionally, all requests for visits are now reviewed by a senior

clinician prior to formal accepting them. A whole system and team approach was taken to changing practice as a result of this case.

Case no. 3 July 2020

A 61yr old patient was referred to the HVS with a painful leg. He was visited and examined by one of the paramedics working for the service who found that he potentially had symptoms of a DVT. The paramedic returned to the office and arranged with the hospital DVT service for a scan to be undertaken 4 days later (next available appointment) and due to the delay the paramedic arranged a prescription for clexane which as delivered to the nursing home. It is not clear exactly where the communication broke down but the patient did not receive his clexane via the DN service over the weekend as planned. The Nursing Home alerted the GP surgery to this and his clexane was administered on the Monday, he had his scan on the Tuesday where he was found to have a DVT and was then given definitive anticoagulation.
Action: The case was thoroughly investigated including obtaining statements from those involved in the case. This was recorded as a near miss.
Learning: As a result of this case, a new prescribing policy was developed for rivaroxaban to avoid any future issues regarding the need for clexane to be delivered by another service. A reflective session was held with the NP and then the rest of the team to ensure all HVS clinicians are aware that the assessing clinician is responsible for ensuring that other services are engaged when further treatment is required.

Case no. 4 July 2020

A 90 yr old patient was assessed and referred by the HVS to a 2ww clinic. The referral form was completed appropriately but was not sent to the correct email address and was sent instead to the patient's surgery. This was picked up on the next working day and the referral was then made to the appropriate email address.
Action: The case was thoroughly investigated including taking statements from this concerned. This case was recorded as a near miss.
Learning: The admin person that was responsible for sending the 2ww referral was given further training on the process of 2ww referrals to ensure that this does not happen in the future. All clinicians were reminded of the admin process and to ensure that the referral has been appropriately made.

All of the above incidents have been submitted to and reviewed by the CCG Quality team who are happy that full investigation has taken place.

Maintaining high quality service for our patients

There is a high level of clinical supervision that takes place within the HVS. Given the complexity of some of the cases that are referred, we feel it is essential that a GP works alongside the ACPs to support their clinical practice. A GP is always available to assist the more junior members of the team with their decision making and peer support amongst the ACPs is promoted. To develop knowledge, ACPs are encouraged to accompany the GP on a visit from time to time and occasionally, when the workflow allows, or when an ACP is very

new to the service, the ACPs will be given the opportunity to visit patients in pairs (usually a paramedic practitioner with a nurse practitioner) to enable learning from each other.

Clinical assessment and examination, prescribing decisions and referral pathways are in accordance with national and local guidelines and reflect best practice.

Consultation audits have been undertaken to assist the team members in their development of knowledge and skills, relevant to the provision of care to patients when home visiting and has been found to identify learning needs and opportunities. The NHS England audit tool is utilized when undertaking audits of consultations as it allows for the provision of detailed feedback to staff. Ultimately consultation audits have been found to be invaluable in order to assess practice and drive performance, in terms of improving quality, safety, consistency and value for money.

In house teaching is currently undertaken to increase knowledge and competence. Additionally, where applicable, relevant external short courses are regularly offered to the team, an example of this is telephone triage and safeguarding. Yearly appraisals are routinely undertaken.

COVID and Infection control

The unprecedented times that we currently face in relation to the risk of Covid 19 has encouraged us to focus on the infection prevention and control needs of both patients and staff to ensure that we are following national guidance. Keeping the team and our patient's safe during these difficult times if a priority for us and we have responded to this challenge by assuring that all staff working for the HVS are well catered for in terms of full PPE. In addition to the standard PPE that one might expect for high infection risk situations, (surgical masks, aprons and gloves), we approached a number of companies locally for additional support. We were able to secure car footwell coverings, steering wheel covers, car seat coverings and full coverage hazard suits with head covering which are available to our staff if required. Additionally, we have goggles, visors, FFP2 masks, (utilizing FFP3 masks earlier in the pandemic when required) and gowns, as required. Each visit is risk assessed and considered on its own merits. We have a strict process for donning, doffing and disposing of clinical waste. Ensuring that the team are well protected inspires confidence in those that work for TH CIC and also in the patients that the team are asked to see.

Sustainability and availability of PPE is always uppermost in our minds. In line with this, further innovation comes in the form of a plan to produce our own waterproofed gowns so that we maintain access to this essential commodity if a national shortage occurs in the future.

3. **Embed highly productive relationships with and between health, social care and in particular General practice**

The HVS uses EMIS and has data sharing agreements in place with practices to enable smooth and effective communications. The service has administration staff available during the core opening ours of the service for practices to discuss any referrals.

Large number of patients seen by the HVS are elderly with complex ongoing care needs. For these patients, the HVS works closely with the Complex - Acute Response Team (C-ART) and refers directly to C-ART team. The team comprises of a multi-disciplinary staff from Health (Primary care, Community and Acute), Social Care and Voluntary sector (Age UK and All Seasons).
The team supports patients who exhibit the following symptoms:

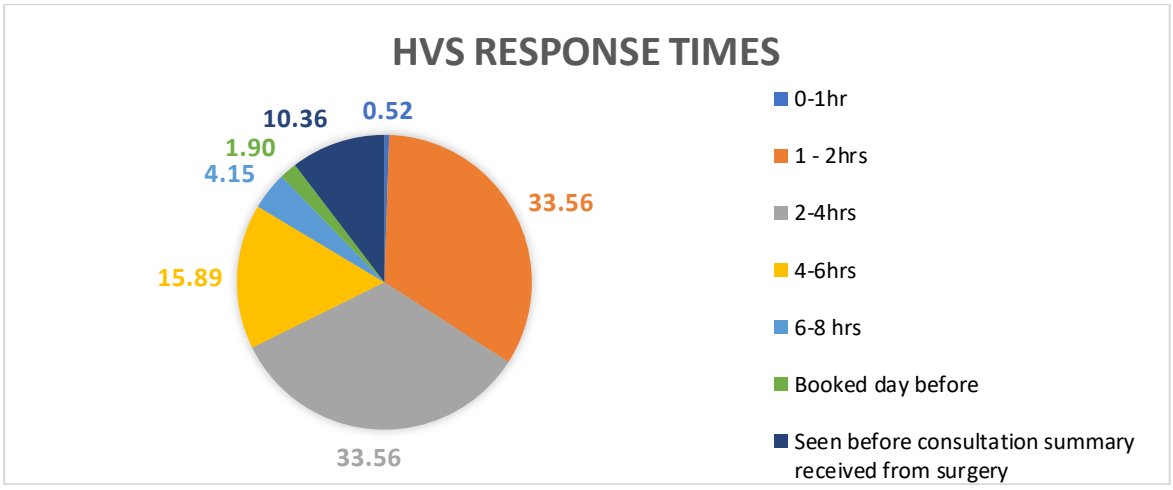
- Exacerbation of long-term conditions
- Crisis management for End of Life care
- Infections (excluding sepsis and NEWS score <5)
- Recent onset of recurrent falls
- Poor mobility / unable to cope at home due to medical conditions or post hospital admission

Referring directly to C-ART enables the patients to receive the most appropriate on-going care by the most appropriate health / social care professional, provide seamless support and reduces the administration burden for the practice.

Engagement with all the practices and PCN's has strengthen since the pandemic where THCIC had set up hot site meetings to discuss Thanet wide response to the pandemic and agree how THCIC can support. These meetings have been successful and have now evolved to "Thanet Forums" which take place twice a month.

4. **Ensure that people and patients are able to access, fully engage with and benefit from these services**

The HVS aims to review majority of the patients on the day of referral, on occasions, if a referral is received late in the day, the HVS will contact the practice to check if the patient can wait until the following day, in most cases this is agreed and these patients are booked in the first appointment slots. The pie chart below provides a breakdown on our response times the patients were reviewed and discharged for the service:



The pie chart above indicates 67.5% (862) of the patients were seen within 4 hours. There were 15.89% (203) of the patients were seen between 4- 6hrs and further 4.15% (53) were seen between 6-8hrs. On further review, there were three main reasons for record the delayed response times, these are:

1. Delays due to complex and acute needs of patients which require A&E admissions, the clinicians remain with patients until Ambulance arrives.
2. High demands leading to team prioritising patients
3. Technical reasons, on occasions team are not able to update EMIS records due to network issues and therefore the team update when they come back to the office. Thanet CIC have now invested in more effective network dongles to prevent these issues.

There was 10.36% (132) of the patients were seen with direct handover from GP and the summary from the practice was received after. The HVS team are working closely practices to improve communications as this is essential for effective clinical care.

Having a dedicated GP at every shift allows the team to accept a wide range of patients (see inclusion and exclusion criteria), undertake prescribing and complete some urgent onward referrals (2ww, C-ART and DVT) which help reduce the administration burden for the practices and improves patient experience.

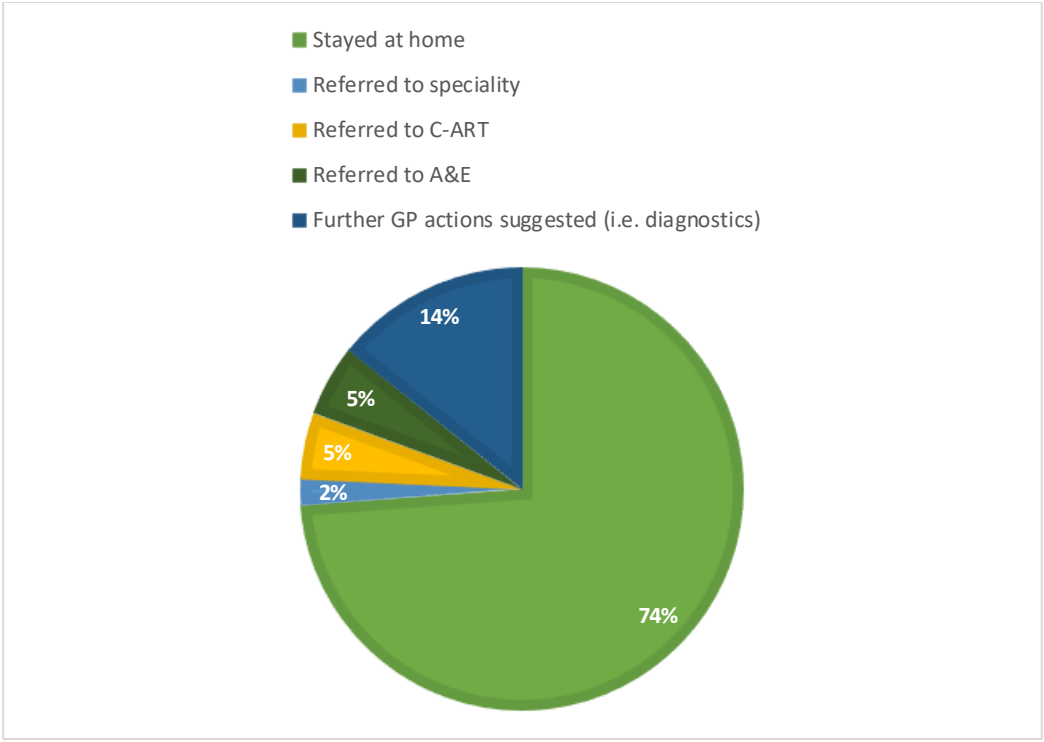
5. **Support appropriate care planning and care co-ordination to ensure seamless services are provided**

   To enable smooth, co-ordinated care between the HVS, GP practices and other health and care providers, the HVS use EMIS clinical system to enable the clinical staff to review full records and ensure the treatment plan is co-ordinated with the GP care. EMIS also allows the clinical team to send timely EDN's back to the GP practice to allow a seamless service.

   The HVS works very closely with and refer directly to C-ART to provide co-ordinated care for patients with complex acute needs. The team directly refer to DVT service follow up care and complete all 2ww wait referrals.

6. **Reduction in avoidable unscheduled hospital stays**

   Of the 1278 patients seen by the HVS, 74% were successfully seen and treated at home, 5% were sent to A&E for urgent assessment and treatment, 2% were proactively referred as a 2ww referral or DVT service. The rapid management of patients enable a large % of patients to remain in home setting and prevent any unscheduled hospital visits. The chart below details the clinical outcomes.


Stayed at home
Referred to speciality
Referred to C-ART
Referred to A&E
Further GP actions suggested (i.e. diagnostics)
14%
5%
5%
2%
74%