
Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 17 November 2014
Subject: Decommissioning of Sub-acute South Services Pilot
Report of: Dr Gail Newmarch, Bedfordshire Clinical Commissioning Group
Summary: The report sets out the reasons to end the Sub-acute South Services Pilot - including the Short Stay Medical Unit - that was established by the former Primary Care Trust in 2012

Advising Officer: Dr Gail Newmarch, Director of Strategy and Redesign
Contact Officer: Sarah Pearson, System Redesign Manager
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The decommissioning of the pilot for Sub-acute South Services supports the CBC priority to promote health and wellbeing and protecting the vulnerable.

Financial:

2. The Short Stay Medical Unit pilot cost £2.8m per annum.

Legal:

3. There are no legal implications. The pilot service, in place since April 2012, has not been varied into the Community Services contract and has been managed as a pilot since April 2012. Legal advice confirms the CCG decision in terminating this pilot arrangement under the terms of the agreement.

Risk Management:

4. Risks associated with decommissioning the pilot services are being managed through a clinically led joint decommissioning project team. A risk register has been developed and is reported to BCCG executive team.

Staffing (including Trades Unions):

5. Staff consultation is a key element of the decommissioning plan. Opportunities to redeploy staff within existing provider vacancies will be maximised.

Equalities/Human Rights:

6. No direct impact applicable to this paper, the impact of the pilot services ending will affect all minority population groups equally.

Public Health

7. Decommissioning of the pilot will support investment as part of the Out of Hospital strategy that has the potential to make a greater contribution to the health of the population.

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. New services will be developed as part of the Out of Hospital Strategy.

RECOMMENDATION(S):**The Committee is asked to:-**

1. Note this update on work to develop services for people Outside of Hospital.
2. Note the continued delivery of high quality care within the resource available.
3. Note the decision to end the Short Stay Medical Unit pilot.

Introduction

11. Our commitment to reduce emergency admissions is encompassed in our strategic plan and the work of the strategic review of health services that we are undertaking. It is also incorporated in our work with local authorities to integrate local services, reduce inequalities in access to healthcare and support people to live healthier lives. In addition we are looking at how we can maximise opportunities to meet growing demand for healthcare through technological advances and workforce flexibility.

Avoiding unnecessary hospital admissions requires us to think innovatively about some of the services we commission. For example we are:

- Piloting a new health coaching service which will enable patients with long-term conditions to self-manage their condition
- Introducing a hospital at home programme with Luton and Dunstable Hospital (L&D) which allows patients to return home after a short hospital stay but remain under the care of their consultant
- Developing a community intravenous (IV) service – as part of the hospital at home project.

We also have to take some hard decisions and recognise when innovative ideas are not delivering the advances in care we want to see for our population. It is for this reason that we have decided to end the Sub-acute South Services Pilot - including the Short Stay Medical Unit - that was established by the former Primary Care Trust in 2012. This paper sets out the reasons for that decision.

The Sub-acute South Services Pilot

12. The Sub-acute South Services Pilot was developed by the former Bedfordshire PCT in April 2012. It has run in the south of the county involving the Luton and Dunstable Hospital Foundation Trust and has been delivered by our community services provider South Essex Partnership Trust (SEPT). This was in response to increasing acute admissions, the changing needs of frail elderly patients and an intention to develop care closer to home. At the time, a review evidenced the potential to provide care in a different setting for up to 70% of elderly patients who required short stays of less than 24 hours in hospital. The basic cost of the pilot is £2.8m annually.

The pilot comprises four services:

- A Clinical Navigation Team, based at the Luton and Dunstable Hospital to assess patients and determine if admission is necessary and if not, identify safe, alternative care.
- Short Stay Medical Unit (SSMU), a step up/step down, in-patient facility based in Houghton Regis providing 16 beds for stays of approximately a week
- Multi-Disciplinary Team – a help desk based at the SSMU that involves health and social care services
- Rapid Intervention Team – offering patients short-term nursing at home for up to 72 hours to avoid a hospital admission.

The pilot was set up with a number of clear Key Performance Indicators (KPIs) including a 10% reduction in emergency admissions and to deliver savings in excess of £4m.

BCCG commissioned an in-depth review of delivery of this pilot in July 2014. This work reports no quality concerns; indeed patients show high satisfaction levels. However BCCG found the pilot has failed to deliver against most of its other KPIs. This includes a 17% increase in emergency admissions in the south of Bedfordshire, low admissions from Primary Care and an average occupancy level in the unit of just over 60%. The average cost of each bed day is over three times that of an acute bed day and none of the financial targets of the pilot have been achieved.

Examples of KPIs include:

- Number of admissions to SSMU
- Number of patients added to Integrated Team caseload from base wards within trim point (average length of stay for a specific diagnosis).
- Proportion of patients admitted to SSMU within eight hours of referral
- Average bed occupancy
- Average length of stay

KPIs where the services were established as achieved are:

- Admissions avoided from A&E by Clinical Navigation Team directing patients

- to care packages provided by integrated care team
- Number of patients accepted by Integrated Care Team from Emergency Assessment Unit
 - Proportion of patients commencing care under the Rapid Intervention Team within 24 hours of referral
 - All quality indicators
 - Patient feedback was positive and no complaints received

KPIs that were not achieved:

- 10% reduction in hospital admissions at the Luton & Dunstable for 75+ age
- Financial savings in excess of £1m net of cost
- Delivery of a step up model with referrals from Primary Care
- Occupancy level of 90%

As a result, the BCCG Executive decided in August 2014 to end the pilot giving notice to SEPT on 5 September 2014. A letter was sent to our partners on 5 September informing them of the decision. This decision was reported to the Governing Body on 10 September.

All services within the pilot will be fully decommissioned by 5 December 2014.

Decommissioning process

13. BCCG is working closely with SEPT and the L&D Hospital to ensure a safe and phased approach to the closure of the pilot with regular weekly meetings. A clinical lead from BCCG is also signing off each stage of the process. Individual patients will be unaffected by the closer of the pilot and no one will be expected to transfer to alternative services in the middle of their treatment. BCCG is also considering the submission of a business case to improve the Clinical Navigation and Rapid Response services. These will work alongside new services such as the hospital at home service.

A full equality impact assessment has been undertaken and a risk register maintained.