Health Scrutiny Committee
Members Questions
14 March 2013

Q. I understand that about 16% of over 75s need emergency readmission to hospital within 28 days of being discharged. This number has doubled in the last 10 years.

Is the Health Scrutiny Committee aware of this? What discussion has it had with the local NHS on this issue?

Please could the Chairman tell this Council about work that is planned to lower the numbers of patients, especially elderly patients, being readmitted in Surrey?

Will Forster, County Councillor

A. The Health Scrutiny Committee is keenly aware of the issue of hospital readmissions for the frail/elderly. The issue of readmissions stems from a national issue of frail/elderly hospital admissions that are often unnecessary. Care for frail/elderly is often much better delivered in the community, rather than in an acute hospital setting.

In the last year, the Committee has had several formal committee items related to the prevention of unnecessary hospital admissions, particularly in the frail/elderly. The most relevant of these was on the development of what is known as Virtual Wards. A Virtual Ward involves the identification of patients at each GP surgery that are most at risk of a hospital admission. These individuals are placed in a 'virtual ward' and have their care managed by a Community Matron while they remain at home. This care can involve visits from community nurses, social care and GPs. It is very much a multi-disciplinary care management pathway, to enable the person to remain in his/her home while being cared for in a way that would have required hospital admission in the past.

Across Surrey there are Local Transformation Boards aligned to the acute hospitals and the local health economy which have multi-stakeholder membership. The Boards consist of Chief Officers and Directors responsible for the delivery of care, working alongside commissioners to ensure that the right services are developed for the patients in each area.

The Member may be aware of the restructure of the NHS and the plans for new Clinical Commissioning Groups to take over commissioning responsibilities from 1 April. Each CCG is developing its own plans for the next year and many include priorities to reduce the number of hospital admissions, and therefore readmissions, in the frail/elderly population. Each CCG has been contacted regarding their plans in this area and the following responses have so far been received. Northeast Hampshire & Farnham CCG has indicated they will be sending information through but were unable to meet the deadline for the 14 March meeting. This information, along with that from any other CCGs not able to respond at this point in time will be passed on to the Member upon receipt. The Committee will continue to work with all CCGs on their plans to address this issue.

East Surrey CCG

East Surrey has provided investment in their community provider to ensure it has the resources in place to support the care of patients. In October 2011 First Community Health and Care (FCH&C) received further investment of £900k. This was to provide increased staffing for a rapid assessment clinic at Caterham Dene Community Hospital, ward staffing and community nurses. The services have been set up to respond to patients with complex needs, caring for them effectively in the community rather than resulting in a secondary care admission. The pathways were designed in conjunction with the acute provider to ensure they were supportive of the pathways.

The CCG uses Docobo, which is a Risk Stratification Tool. The CCG have invested in a software tool that compares both primary and secondary care data to highlight those patients requiring a higher level of care. The tool has been installed at all the GP practices.

Finally, the CCG has a Proactive Care Team (Virtual Ward). Following further investment in FCH&C in October 2012, it is working with the GP Practices and community provider to implement proactive case management of patients. This will allow the health and social care system to provide care to patients before a crisis occurs, working with a multi-disciplinary approach to deliver to the patients needs. This work will also include improved support to nursing/care homes.

North West Surrey

The CCG has a unplanned care programme designed to reduce emergency admissions in the over 75's. The CCG is working with partner organisations to develop a frail elderly pathway to improve the care of the older person. The aim of the pathway is to proactively support people in their own homes and when a hospital admission is required to rapidly assess and treat the older person and discharge them back to their own home with the required health and social care support. We know that the longer an older person stays in hospital the more likely they are to decompensate hence rapid assessment, treatment and supported discharge.

The CCG is also focusing on providing support to care homes (Nursing and residential homes) to ensure the older person is cared for as long as possible in their usual place of residence.

The virtual ward has successfully reduced admissions for the older person particularly those living with one or more long term conditions the virtual wards will continue and will be developed further over the next year with the introduction of tele-health to support more people at home.

The CCG is also working with primary and community services to improve identifying those patients who are approaching the end of their life to ensure that a care plan is put in place to support the older person die in their preferred place of death with a supportive package to meet their needs and that of their carers. We know that a person approaching the end of their life have on average 3.5 hospital admissions in their last year of life if those who are approaching their end of life not identified and care plans and packages of support are not put in place.

Clinical commissioners and secondary care clinicians are developing other clinical pathways to avoid a hospital admission where this is clinically safe and appropriate.

Surrey Downs

Surrey Downs CCG has provided a comprehensive briefing on its plans, which is attached to this as an annexe.

Surrey Heath

Surrey Heath has the following projects aimed at reducing hospital admissions

- Virtual wards
- Carer support
- Nursing home projects
- Risk stratification and proactive care
- Dementia diagnosis and early intervention
- 111 Directory of Service
- End of life registers

The Committee thanks the member for raising this issue. It will remain a priority scrutiny area for the Committee's work programme going forward.

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