Hospital at Home – Briefing paper for South Reading Patient Voice

Executive Summary

For note

- Full go live for H@H was originally planned for September 2015, however as at end August only 1 patient had been referred and accepted onto the pathway
- The impact of non-delivery was assessed and a paper with recommendations to mitigate the risk was approved by the BW10 Partnership Board in August 2015
- The project was formally paused at the end of August 2015 based on the small numbers of patients assessed as suitable until next steps were considered
- 2 options for the use of the current workforce were proposed and supported by the Berkshire West Integration Board and the Delivery Group, the CCGs QIPP and Finance Committee and the Urgent Care Programme Board for the remainder of 15/16 until the future plans for the Better care Fund for 16/17 have been developed. These options included a Rapid Access and Treatment Team for Care Homes (RRAT) and in-reach support for the Older Peoples Mental Health Wards at Prospect Park Hospital.
- The Project Manager and CCG lead met with Healthwatch in October where these proposals were briefly discussed and Healthwatch Wokingham representation have continued to be involved in the project.
- The RRAT service went live in October and patients who have experienced the service have been interviewed to capture their thoughts and use these to inform the plans for 16/17

On review of the soft launch by the Project Manager for H@H identified some learning/assumptions which included:

- An increasing range and maturity of existing community services and schemes supported by a move towards more effective discharge processes has reduced the numbers in the cohort of patients who might have been suitable for H@H based on the original criteria
- There is still more opportunity to expand ESD (Early Supported Discharge) pathways including respiratory
- There are opportunities to expand the capacity of certain elements of community services such as the ability to rapidly set up IVs.
- Nursing and Residential Care Homes are still a key area for ongoing support; and would benefit from Geriatrician input, active treatment interventions where this avoids a crisis or prevents an admissions
- There are still opportunities to expand the use telehealth to support those at risk of admission
- Community Hospitals appear to be an untapped resource in support of Early Supported Discharge and crisis response i.e. step up
- Staff engagement and enthusiasm is high and all providers want to build on what we already have already achieved.