healthwatch Surrey

Epsom Health and Care @Home

People's experiences of integrated care

November 2017

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Background

Hospital admissions and delayed discharge are both known to have a negative impact on outcomes for older adults, including reduced ability to perform daily activities that form the basis for independence, such as standing or bathing.[1] Research also shows that over 65's are more likely than the rest of the population to experience longer hospital stays, delays in being discharged and are more likely to be readmitted within a month of discharge.[2,3]

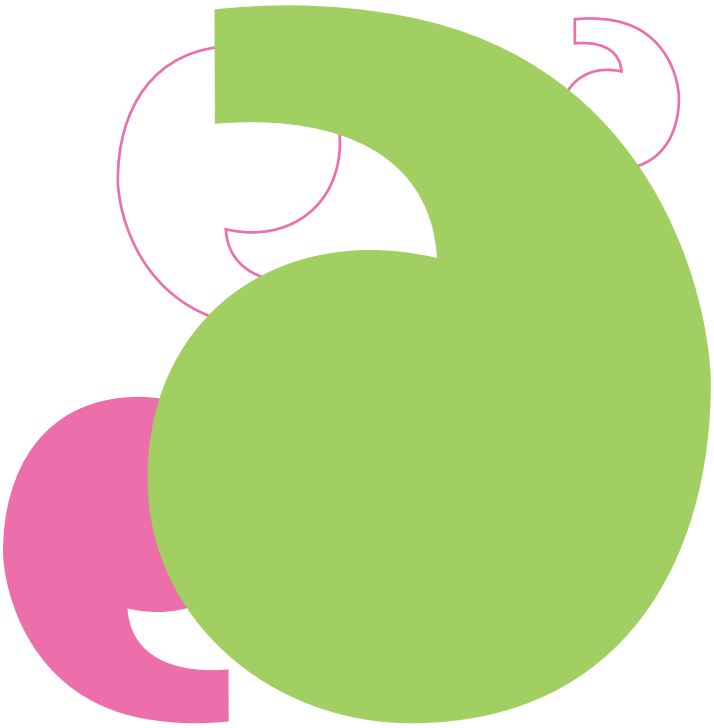
Under the Health and Social Care Act 2012, the NHS Commissioning Board and Clinical Commissioning Groups (CCGs) have a duty to promote the integration of care. Integrated care is the practice of working together across organisational and professional boundaries with the aim of delivering care in a way that is centred on the needs of the patient. Integrated care is aimed at increasing a number of positive outcomes for patients and organisations, including a reduction in the need to repeat information, better planning and greater patient input into their care[4] ; it is for these reasons that integrated care is endorsed in the NHS Five Year Forward View[5] and is built into the Surrey Heartlands and Frimley Health and Care Sustainability and Transformation Plans.

Introduction

The Epsom Health and Care @Home service is an integrated service for over 65's with two or more conditions, based at Epsom Hospital, Surrey.
The service delivers an integrated package of care from a number of professionals, including nurses and physiotherapists, working together with GPs to help reduce hospital admissions and delays in hospital discharge for older people in the area.

The overall aim of the service is to keep older patients feeling safe and confident in their own homes for longer.

As part of this evaluation, Healthwatch Surrey acted as an independent route for people to give their feedback about the service received. The findings of this project are detailed below, alongside documentation of methods and challenges to support learning for future work.



1 Covinsky et al., 2003. Loss of independence in activities of daily living in older adults hospitalized with medical illnesses.
2 McMurdo & Witham, 2013. Unnecessary ward moves.
3 Craven & Conroy, 2015. Hospital readmissions in frail older people.
4 National Voices. A Narrative for person-centered, co-ordinated care.
5 NHS England, 2014. Five Year Forward View.

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Themes and Findings

Between July 2017 and end of September 2017, patients being discharged from the Epsom Health and Care @Home service (and their relatives/carers) were invited to speak to us about their experience. The following report gives feedback from four people who experienced the integrated service and one relative. We have used pseudonyms to protect the identity of the people involved.

Examples of positive experiences

Across everyone we spoke to we heard examples of care that was kind, considerate and responsive to people's changing needs. People spoke about instances where they were listened to, felt respected, and knew who they could contact from the service if they had any concerns.

Kind and considerate care

We heard a number of examples of how staff at the Epsom Health and Care @Home service had helped people using the service to feel listened to.

Lucy's comments about a nurse from the Epsom @Home service involved in her mother's care demonstrates the impact that a considerate approach can have on the experience of patients and their relatives.

"We had a very good experience with a senior nurse. She was absolutely lovely and spent ages with me talking through what the hospital had done and what they'd tested for as we were really concerned that they hadn't gotten to the bottom of why this was happening. Together we designed a plan, we went through the options...we decided on a plan and she wrote it all down and said it would be passed onto team members...

She had a lovely manner, she didn't start by saying 'we're going to get your mum home, or we'd like to get your mum home today' which the others did, she started with 'can we just chat through what's been happening with your mum and think about what the best option is for her'...

She was able to share information with me about the care mum was receiving and used an iPad to show me the assessments by the @home team which was really reassuring...and we did all that before we talked through the options, it really felt to me like she wanted to understand what mum's home circumstances were...she understood that even though mum was medically fit, it could still all fall apart because of the home situation. The listening and understanding the full set of circumstances was really important."

Lucy

"A girl came around the next day (following discharge from hospital) to look at how I get around and we agreed that I should have rails...and by the end of the week they had put them in...I couldn't believe how efficient it all was...

They were all aware of my needs and I think it was down to the lady who manages everything...she came to assess me and was there for about an hour and a half filling out forms about what I needed...

I can't believe how much attention I've had really, it's made a big difference to me, it reassured me...

I'd absolutely recommend them – I've been singing their praises to all of my friends." **Gladys**

"When I got home they made sure that I had a bed downstairs and the girl who was there went and got a few things for me to see that I was alright. Then I had someone come over every day for breakfast and lunch just to make sure that everything was ok, and when they could see that I was doing quite well they stopped coming at lunchtime and then eventually stopped coming at breakfast too...

I never had to tell them what I needed, they just seemed to know what I needed and were all so friendly...I would have let them know if I needed anything else...

I am so lucky, I have been really well looked after, everyone was so kind and considerate...

I can't think that they could have done anything better to help me really, but people are different aren't they? I am lucky as I have so many kind friends who pop in on me but some people need more help don't they, so I think it depends really on the person." **Marie**

"I definitely felt that they respected my wishes, they asked what I needed at home and it was all very efficient to get it sorted out...I always knew what was happening." **Barbara**

Knowing who to contact

We often heard from people that they knew who to contact from the Epsom Health and Care @Home service should they need further information or support.

"There was one man who made sure that I knew that I could give him a call if I needed anything, he was a lovely fellow. And they left plenty of information here for me to read, but I know if I'd had questions it would be fine to call." **Marie**

"They left me with plenty of information and numbers and so on so I would've been able to call someone if I needed anything, but I never had the need to...I was perfectly well looked after." **Barbara**

"I called her (nurse) and she asked me if everything was alright and I told her I was a bit worried about my fingers...she said she had to see another patient in the area and that she would pop by when she was in the area and she did." **Gladys**

"When we were home I still had concerns that something wasn't right with mum's mobility – I was told that I could call the team with any concerns so I did." **Lucy**

What could be improved

Although we heard many examples of good care and coordination, there were also cases where this could have been improved. Key issues seemed to be the communication of plans for leaving hospital, a tension between an individual's readiness to be discharged versus a need for bed space, and people's additional needs following discharge.

Communication

There were a small number of negative comments about the way that information was communicated; these related to communication and people's involvement in plans for leaving hospital, but also to clarity around the identity of the Epsom Health and Care @Home service.

"They'd been turning up at her bed every day and they'd talk about the discharge plan and it seemed to be different every day which was quite upsetting and then they'd come back and discuss with me and it would change...

We came up with a plan that we agreed on and I was promised that this would be passed onto the rest of the team...then I received several phone calls from the team the following week saying that the discharge plan that we had agreed on had changed" **Lucy**

"I don't really remember who I saw or how it started, I think they arranged it behind the scenes...I knew more or less what the carers were going to do but I don't know if it was the carers who gave me the programme." **Alice**

Readiness for discharge

We heard two instances where people felt that there was a rush to be discharged, and that this pressure may have outweighed the consideration of their individual needs. In one case, this led to a distressing conversation for a relative regarding her mother's care.

"I had a really upsetting conversation with two other members of the team - I was told that there were lots of people in A&E who needed the bed...they weren't considering my mum. They didn't account for the fact that moving a frail and confused person around a lot wouldn't be best for her and would be quite inappropriate. I think it's really inappropriate for someone to say to a family that the bed is needed by other people in A&E. I understood but I felt intimidated by that...it's not my concern, my concern is my mum." **Lucy**

"I don't think anybody came and discussed it with me. It's difficult to explain – I wanted to come home because the hospital are quite busy...they were so busy discharging everybody, otherwise I think they would've kept me in." **Alice**

Follow-up and additional needs

There were a number of instances where people seemed to have additional or on-going needs that were not met. There were also comments suggesting that confidence and loneliness were issues that could be better supported.

A need for additional support and more thorough consideration of living circumstances was particularly evident in the case of Alice, whose mobility following her discharge from hospital deteriorated to the extent that her accommodation no longer suited her needs and her living situation was considered unsafe; this left Alice in a difficult position, not knowing what would happen next, and feeling as though her needs were being ignored.

"I've seen the physio but I think really that should have started straight away after I left hospital...I had a physiotherapist come and give me exercises but really I need something else to get me back moving - being in bed for so long has affected my legs so I'm terrified of falling and it's difficult...

I don't feel confident at home. I feel I could have some more intensive care or physio...nobody seems bothered...

Only the carers come in regularly now and they just do as they're told. Life is difficult at the moment because I don't really know what's going to happen...

Someone did send a report to my doctor but he's not really involved..." **Alice**

(Having called the service) "A nurse came to the house but she can't have been in the house more than five minutes, she just asked mum to stand up and sit down...she was really dismissive of my concerns." **Lucy**

"I don't feel totally safe as I'm always afraid of it happening again, it happened so quickly and so easily and so I'm afraid it will happen again...so I don't tend to go out much actually, not on my own...

I still have to have somebody here when I go in the shower to check I'm alright...I'm too afraid to go in when I'm on my own at the moment...

I don't know really...someone did say to me recently that I should go down and see my GP because she probably doesn't know the ins and outs of what's been going on." **Gladys**

"The only thing is I would like to go upstairs but I can't just yet, I haven't been upstairs for six weeks really." **Marie**

"I understand that they are only there to do so much, but I do feel on my own sometimes and I don't think people think about that if you're well enough to be at home... they're in and out." **Barbara**

Summary

This project was designed and undertaken as a supplement to the existing Epsom Health and Care @ Home service evaluation to understand what is being done well and what could be done better from a patient (and carer/relative) perspective.

We heard a mixture of positive and negative comments from the people we spoke to. In the majority of cases people felt that they were treated with kindness and consideration, and people felt confident that they could call the service for more information or support if needed. It is clear that feeling listened to and being treated as an individual with individual needs was particularly important to the people we spoke to and made a positive impact on their experience.

However, there were some cases both prior to and following discharge from hospital where people felt that their needs were not met. This included feeling as though there was a pressure to leave hospital in order to make a bed available for someone else, not feeling entirely confident once at home, and needing more intensive support which was not made available. This was particularly evident in one case where a lady's accommodation was compromised by a deterioration in her mobility that was not addressed.

The feedback contained in this report is not intended to be representative of all service users, however it does provide a valuable snapshot into some people's experiences of the service. Based on the feedback received, we have made the following suggestions to the Epsom Health and Care @Home service:

Suggested Actions

- **Ensure that information sign-posting to a variety of additional support services (including emotional support) is available to all patients following discharge from hospital and throughout re-ablement, to help address their continuing needs;**
- **Consider how pressures to free up bed capacity are managed and how this is communicated to patients and relatives to best support the needs of the patient, taking into account their home environment and additional support needs;**
- **Ensure that comments from service users within this report are disseminated and reflected on to inform future practice.**

Methods

Recruitment

Three methods of recruitment were used to invite participants to give their feedback:

Patients who had been discharged from the Epsom Health and Care @Home service were contacted by telephone by the Epsom Health and Care @Home service to introduce them to the project and were sent a written information sheet by post.

1. Prior to data sharing agreement: Individuals were asked to contact Healthwatch Surrey directly should they wish to give their feedback.

2. Following data sharing agreement: Where individuals gave consent to be contacted by Healthwatch Surrey, their details were recorded to be passed onto Healthwatch Surrey to arrange an interview.

3. A poster giving an outline of the project and contact details for Healthwatch Surrey was displayed between 21st August 2017 and 15th September 2017 by Age Concern Epsom & Ewell.

Pre-Interview

Healthwatch Surrey contacted participants using the contact details supplied (by the Epsom Health and Care @Home team or given directly by the individual). On initial telephone contact, the purpose of the interview was explained and a suitable date and time was arranged for the full interview to take place, either face-to-face or by telephone at a time convenient to the participant.

Face-to-face:

Face-to-face interviews took place at participants' home addresses by prior agreement. In order to familiarise participants with the people who would be visiting, an 'Introduction to the Team' sheet was sent out by post prior to interview; this showed photographs and a brief biography for each of the volunteers and the core staff involved. Two days prior to the arranged face-to-face interview, the participant received a brief reminder call to confirm that they were still happy to take part, confirm the names of the allocated interviewers, and to find out some background information that could be passed onto the interviewers prior to their visit.

Interview Team

Interviewers were a team of seven Healthwatch Surrey volunteers and two Healthwatch Surrey staff. All interviewers were DBS checked and were talked through the aims, processes and safeguarding considerations of the study.

Interviews

Interviews were recorded using password protected dictaphones. Before interviews commenced, interviewers took recorded (written or verbal) consent from participants to take part and for anonymous quotes to be used in publication.

The interviews were designed with a semi-structured interview schedule including additional prompt questions in order to give flexibility to explore any emerging issues further.

Interviewers were asked to provide feedback via telephone or email to Healthwatch Surrey within 24 hours of having attended an interview. This was to ensure that any issues encountered were addressed in a timely way and applicable learning could be passed on in time for subsequent interviews.

Ethical Considerations

In order to protect the information of participants, a data sharing agreement was put in place between Healthwatch Surrey and the Epsom Health and Care @ Home service. All details were stored on a password protected spreadsheet on a password protected computer and all recording devices used were also password protected.

Individuals taking part were given information regarding the project and were given time to process this prior to the interview taking place and being asked to provide consent.

The identity of the people participating was not shared with the Epsom @Home service, and all contributions have been anonymised. However, it was agreed that should any safeguarding concern involving the Epsom @Home service arise, this would be escalated through appropriate channels.

Reflection on Key Challenges

- Data sharing – set-up of a data sharing agreement took longer than anticipated, causing significant delay to recruitment. In future, a data sharing agreement should be set-up at the project outset to allow sufficient time for this to be completed and processed where required;
- Uptake of interviews – despite a number of recruitment methods and flexibility in the way interviews were conducted, only five people completed an interview. Complications included low overall uptake, and being unable to make contact following the initial expression of interest. On reflection, flexibility in interview method and length should have been stated from the outset in order to encourage feedback. Given the time commitment for face-to-face interviews by participants, incentivisation could have been included in order to encourage participation.

About Healthwatch Surrey

Healthwatch Surrey is an independent local watchdog that gives the people of Surrey a voice to improve, shape and get the best from health and social care services.

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