instant+CARE

By Dr John Havard
Chairman of CIA and
Senior Partner at Saxmundham Health

InstantCARE is a lifeline to protect patients from secondary care. Problems can be averted with the prompt installation of a carer for 72 hrs to restore the patient to health with one-to-one care.

This project is an admission avoidance model of care now available in Suffolk. Essentially it enables the mobilisation of a live-in professional carer to the home of a vulnerable patient within 3 hours to prevent a hospital sentence. We feel it captures the essence of PBC, in that it arose from a blue sky thinking session at a Commissioning Ideals Alliance meeting last year. Experienced GPs know that elderly patients who live alone are vulnerable to falls, neglect and poor medication compliance and this often results in an acute hospital admission after the delicate balance is tipped. A frequent example around the table was of a relatively trivial infection like a UTI leading to mild confusion and a little unsteadiness. All we really need is a responsible member of the family living in the house to ensure the patients eats and drinks and takes their antibiotics until normality is restored. Of course, at first glance one would think that a couple of days in hospital is a reasonable option, as usually there are no available relatives to lend a hand. The reality is that the patient becomes twice as confused in hospital, increasing the chance of falls and serious morbidity. If this hazard is avoided they still have little chance of returning home because, once they are well, the dreaded home visit has to occur. Well-meaning and very professional OTs and physios will identify the need for grab rails, ramps as well as carpet and bathroom hazards which mean that the poor patient has little chance of a prompt return home which is depressing and potentially 'institutionalising'!

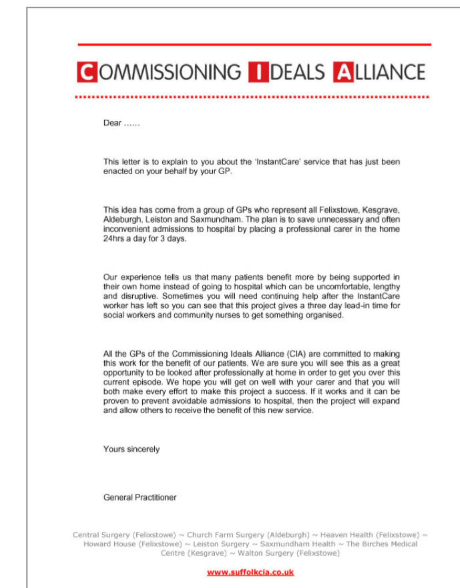
InstantCARE is a lifeline to protect patients from secondary care. All these problems can be averted with the prompt installation of a carer for 72 hrs to restore the patient to health with one-to-one care. Three days is a vital lead-in time for other services (like community nurses or social workers) who may need to introduce or amend an existing care package. The GP can leave the house after invoking **InstantCARE**, knowing that his/her patient is being professionally looked after by a responsible carer who will contact the Practice if unforeseen problems occur.

> Whilst there is nothing to beat freshly brewed coffee, there will always be a thirst for instant since this provides both immediate quenching and an effective caffeine hit! We are suggesting a similar idea for emergency care provision. On a Friday evening a slightly unsteady elderly lady with a urinary infection needs instant looking after rather than a worked up 'carefully brewed' care plan or acute hospital admission. This is not to say that the detailed assessment of Social Care is not the best but, just like when you are thirsty, the priority is an instant solution rather that a deliberate, slow but quality process. **InstantCare** is a commissioning idea that will mobilise a trained and insured carer within three hours to the home of a vulnerable local patient

BACKGROUND.

Having conceived the idea we had to develop the process carefully. It was indeed fortunate that one of the largest national live-in care agencies was based in my own town of Saxmundham. Christies Care employ 650 carers on a weekly basis but we were able to negotiate a three day package and establish some contractual details. We needed a short time-frame from initiation to carer arrival as well as some paperwork to monitor medication compliance and of course satisfaction.

GPs are an effective, pragmatic and yet holistic group - their commissioning plans should be just the same



COMMISSIONING IDEALS ALLIANCE

Dear ......

This letter is to explain to you about the 'InstantCare' service that has just been enacted on your behalf by your GP.

This idea has come from a group of GPs who represent all Felixstowe, Kesgrave, Aldeburgh, Leiston and Saxmundham. The plan is to save unnecessary and often inconvenient admissions to hospital by placing a professional carer in the home 24hrs a day for 3 days.

Our experience tells us that many patients benefit more by being supported in their own home instead of going to hospital which can be uncomfortable, lengthy and disruptive. Sometimes you will need continuing help after the InstantCare worker has left so you can see that this project gives a three day lead-in time for social workers and community nurses to get something organised.

All the GPs of the Commissioning Ideals Alliance (CIA) are committed to making this work for the benefit of our patients. We are sure you will see this as a great opportunity to be looked after professionally at home in order to get you over this current episode. We hope you will get on well with your carer and that you will both make every effort to make this project a success. If it works and it can be proven to prevent avoidable admissions to hospital, then the project will expand and allow others to receive the benefit of this new service.

Yours sincerely

General Practitioner

Central Surgery (Felixstowe) ~ Church Farm Surgery (Aldeburgh) ~ Heaven Health (Felixstowe) ~ Howard House (Felixstowe) ~ Leiston Surgery ~ Saxmundham Health ~ The Birches Medical Centre (Kesgrave) ~ Walton Surgery (Felixstowe)

www.suffolkcia.co.uk

PCT AND FINANCIALS

We have agreed a fee of £370 per 72hr period of work along with some simple contractual obligations set out above. If the patient recovers within a day or two then the residual time is set aside for restoring social structures in the community and for the carer to observe that the patient is self-caring competently. We may be able to negotiate to move the carer on to another patient in rare circumstances but there is absolutely no contractual right here. We have agreed with the PCT the authority to use up the £30k on this project from our FURS. This is the first plan which has received strong PCT support from the outset and we are grateful to the Deputy Director of Commissioning at NHS Suffolk Andrew McDonald for this. In the past we have had plans unanimously supported at PBC Committee but stalled at

Patient-focused solutions often stray from health into social care. If we keep a firm grip on patient welfare then 'no through roads' will become 'integrated care motorways'.

implementation stage. This one has had FURS allocation signed-off so now it is down to the GPs in CIA. Social Care themselves were supportive as they want to see where their responsiveness to urgent need falls short.

We fully expect this to be a cost-saving initiative since we should make substantial secondary care savings – provided only that the NHS can identify them and return them to us! The bigger picture implies that these cases are really social not medical since they were successfully managed at home. Presently the medical discharge summaries look very medical eg Acute urinary infection, instability, immobility all the way up to toxic confusional state secondary to bacterial infection. Social Care will reasonably argue that this required an acute medical admission. If, however, the patient was managed with antibiotics, pushing fluids and a diet they enjoyed at a time they preferred, then the situation is wholly different. Our focus is on the best care for our patients but this financial responsibility debate will undoubtedly happen between the PCT and the County Council. This small example is a rallying call for unified budgets and integrated care – this could also remove the need to employ someone to decide if a bath is social or medical! Roll on the day that we are moving the money around the system, not the patients….

Christies Care
Living Independently at Home
Christies Care Ltd
The Old Post Office
High Street
Saxmundham
Suffolk IP17 1AB
(t) 01728 605000
(f) 01728 604483
(e) mail@christiescare.com
(w) www.christiescare.com

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Dear CIA GPs

May we introduce ourselves at Christies Care?

Jenny, Helen, Christine and Charlotte welcome your call for

instantCARE

between 9.00 a.m. and 4.00 pm. Monday to Friday.

Telephone us on 0844 477 6460, either before you go to a patient who concerns you, or while you are there.

We have the living-in care workers to prevent an emergency admission and all the trouble and expense this causes.

We look forward to helping.

Client Care Advisor Team
Tel: 0844 477 6460
Fax: 01728 604483
E-mail: care@christiescare.com

Established 1987

Christies Care commitment:
To provide a trained carer to the patients house within 3 hours of request.

To have the carer live-in for 72 hrs and to undertake the necessary caring, cleaning and cooking for the patient over this time.

To accurately record and remind the patient about taking prescribed medication without a duty to administer.

FUTURE

It is a sad indictment of society today that elderly patients living alone so often have little family support. We hope that local retired (but trained) carers might be tempted back into spells of three day working if the patient is local. This could be responsive and enduring in that when the 'Contract' is over friendships may well mature introducing some palpable 'care in the community'.

The service is only accessible at present between 9 and 4 and we hope to extend this to a 24hr service. Those GPs who do OOH work and are CIA members may well be empowered to mobilise InstantCARE out-of-hours and fax the Patients GP so he/she is aware in the morning. This would be a step in the right direction of reducing unplanned admissions out-of-hours.

We are also working with our local A+E Dept to accelerate the take-up of InstantCARE. It is too confusing for A+E staff to have another admission avoidance scheme during the week but the weekends are a different story. Currently there is no admission alternative on Saturdays and Sundays and so we are placing a ready and willing carer in the A+E waiting room pending a referral. This is a potentially expensive move if no suitable cases appear so we have extended the offer to all the other Commissioning groups in the catchment area of the Acute Trust. We will only expect payment from other groups if we can demonstrate bona fide admission avoidance. If this is successful then we intend to offer a similar Friday evening service to capture the 'acopia' patients after the current alternatives have gone home.