Transforming End of Life Care through home-based care

Mike Gordon, Chief Executive, Healthcare at Home



The four rules of successful home-based care

- 1. Patients as people, not diseases or clinical models
- 2. Evidence
- 3. Evaluate
- 4. Innovate

1. Patients as people

- Families meticulously plan the birth of a child, but we constantly fail to plan for our bereavement
- The majority of people would prefer to die at home, but only a minority do
- Many end-of-life hospital admissions are nonhealth related

Patients as people – a recent example

- Elderly patient approaching the end of life
- Nurse finds a frightened, elderly lady
- She doesn't take the patient's blood pressure and then advise that she rings social services
- She doesn't go home and worry that the old lady's roof was leaking
- Nor does she wonder about why the lady is feeling so tired all the time

Patients as people

Instead, she helps out through a multi-disciplinary team approach.

Together they get on with organising:

- A befriending service to sit for 2-3 hrs per week
- A cleaning service to take on light domestic chores
- A transport service to help with GP and hospital appointments.
- A pendant alarm
- Help with arranging her financial matters
- Mobility equipment (handrails and a bath seat) in her home
- A GP and/or nurse home visits to reassure and avoid issues which could have resulted in a hospital admission.



"Big improvements can come when lots of linked, small changes are made"

Andrew Lansley, Secretary of State for Health, RCGP Annual conference, October 2010

2. Evidence

> Homecare is transformational and innovative.

➤ But we can't expect people to put their trust into something they don't know.

➤ Evidence is key to earning trust.

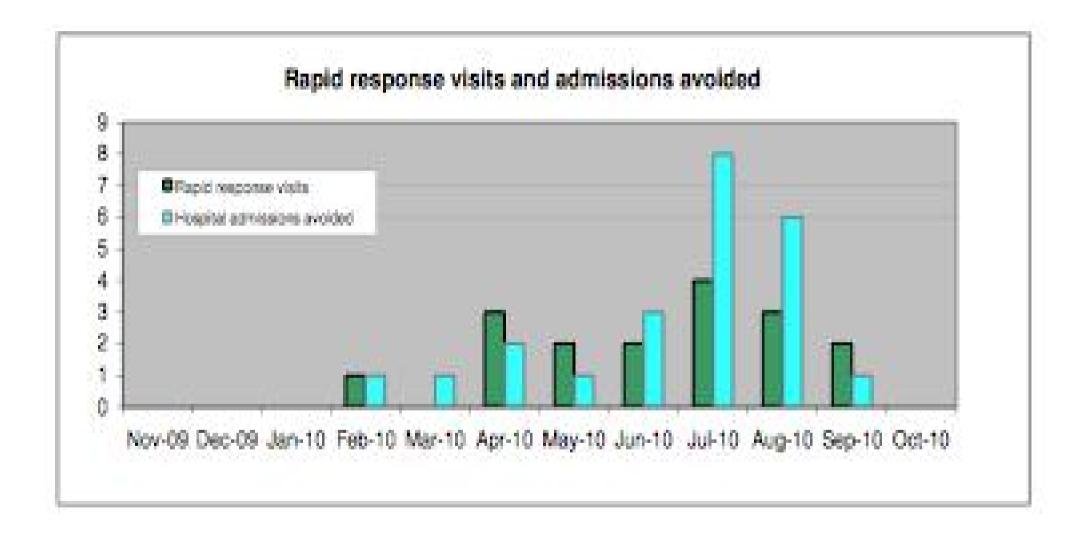
Evidence

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Care Services
Management

Evidence

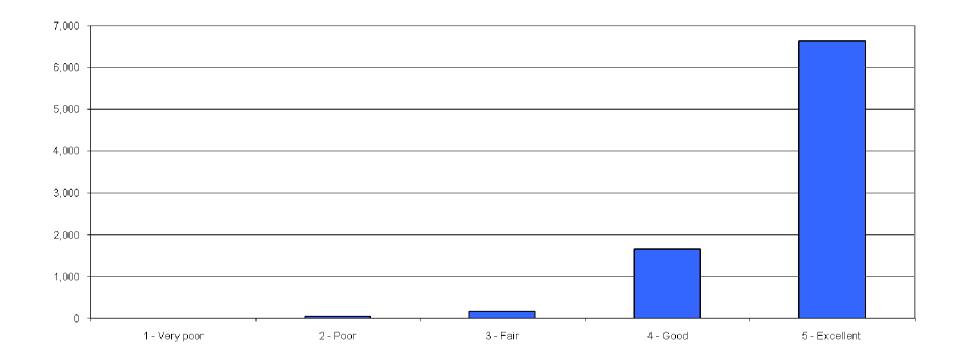


Evidence

12 months in Birmingham:

- 600 patients referred
- £1m saved (against a budget of £500K)
- 1,000 home visits made by a team of 10 nurses in 12 months
- 98% average score in patient satisfaction survey

How do you rate homecare services?



3. Evaluate

- Measure, report and regularly review the following:
- Contract progress team headcount, GPs using service, patient referrals, home visits, transfers of care etc
- Home pathway % CEF completion, % Visits cancelled, % patients contacted within 24 hours of referral
- Admission avoidance rapid response visits, hospital admissions avoided, 6 month & 14 day readmissions
- Service end patients completed pathway, % place of choice, patient/carer questionnaires, % positive comments

4. Innovate

- Don't revert to normal patterns and silos
- Establish real integrated care by removing barriers between social and health care
- Think big, and think transformational
- Let patients choose and retain control
- An NHS service is an NHS service, whether it's provided by the PCT's provider arm, the trust's community arm or an independent provider
- Push for new commissioning models