Acute and Reactive Care Specification Development Workshop

We welcomed more than 40 people from across the region to our acute and reactive care specification development event at St Michael's Church in South Gloucestershire on 1st November 2018. We focused on acute and reactive care, which is the support patients receive at times when their health is deteriorating and they might be at risk of hospital admission. Participants included clinicians, patients, carers, members of the public, general practices, third sector groups, community services providers, local authorities, sustainability and transformation partners and many others. The summary presented here reports themes in people's feedback. It does not necessarily represent the opinions of every person or group involved, or the CCG's views.

'Home first'

The principle of 'Home First' (empowering people to stay at home and receive care in the home wherever possible) was supported by most participants. Participants felt that patients should only be admitted to community or hospital beds where there are health needs that can't be met in the home. There were three reasons provided for this:

- It is what patients want.
- It is better for patients to stay at home, focus on maintaining their independence, and avoid developing dependency on frontline services.
- Reducing unnecessary admissions to community and hospital beds, where patients might get stuck and 'block' access to beds for those that actually need them.

Beds in community hospitals and care homes

Most participants supported an approach where the number of 'acute and reactive' beds available for patients to use in the community was kept at a minimum. This was to avoid a culture of dependence on health services and promote a proactive approach.

There was strong feeling from participants that there should be greater flexibility in the way that community beds are used. Currently beds are reserved for either 'Step Down' (patients coming out of hospital) or 'Step Up' (patients coming from the home) care, with the system too inflexible to accommodate greater demand from either one of these groups.

Using non-clinical services in the voluntary sector

One of the strongest themes to emerge throughout the workshop was the importance that non-clinical services can play in maintaining people's health and wellbeing and helping them stay out of hospital. Participants emphasised that they would like to see adult community services required to work with and fund third sector organisations to provide these services.

Shaping better health

The third sector (voluntary and community groups) was praised as vital in providing services that combat problems like social isolation and loneliness that are experienced by older and frail people in particular.

Support and crisis groups that fall into this category were fed back as being central to keeping people socially engaged and well in the community, thereby supporting the maintenance of people's physical health.

Accessing care

Having one single point of access to care services was a popular idea amongst participants, as currently the system is seen as quite fragmented for patients. It was felt this would require receptionists in GP practices to have the same training and to be giving the same advice as those working in hospitals.

There were mixed feelings about patients being able to refer themselves directly to community health services. Some people thought it was great for patients to be able to bypass GPs for low level health needs (e.g. dressings), but others highlighted the risk of self-referrals enabling patients to build a dependency on services with people potentially claiming they need more help than necessary.

Follow up and aftercare

Participants agreed that follow up and aftercare should be determined on the basis of need. The system should be flexible in responding to the patient, but ultimately enabling self-care wherever possible. This would require the development of care plans in collaboration with the patient, to help them help themselves and stay independent.

The importance of sharing information across the system was emphasised during this stage of the care cycle. For example, discharge summaries should be available to the patient but also accessible to all health and social care professionals that are to be involved in the patient's journey.

Participants again noted the importance of linking in with the voluntary sector during this stage of acute and reactive care, as providers should be actively signposting to services available in the locality.

A more integrated system

A theme running through all of the feedback was the need for the health and social care system to better use technology to improve the sharing of patient information. Patients want the system to be a seamless service, meaning all involved in the care of a patient should have access to their medical records.

For a seamless service to be achieved it was also proposed that there be more common, health service-wide training and standards. Whether it is all nurses from care homes, GP surgeries or hospitals having more common skillsets and system knowledge, or receptionists and administrative staff in GP surgeries or hospitals giving similar advice, the system should be providing a consistent and integrated service.

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